RM 201

SYNAPSIS 1974

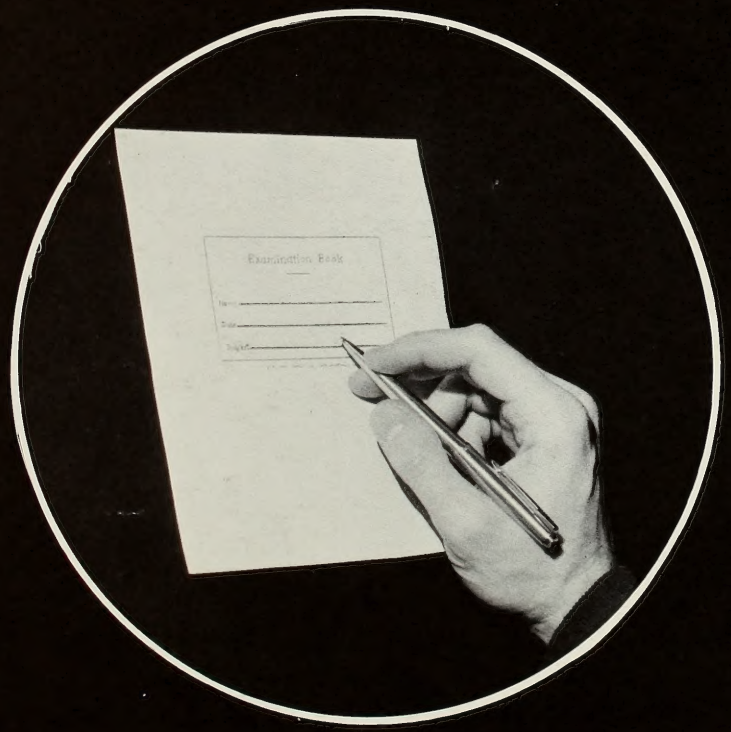
PHILADELPHIA COLLEGE OF OSTEOPATHIC MEDICINE

DEAR PHYSICIAN

PCOM average stay for your ADMISSION DIAGNOSIS is 1460 days.

Any CHANGE in diagnosis should be noted by June 2, 1974

Utilization Committee


Examination Book

GRAY'S
ANATOMY
GOSS

LIBRARY & CLASSROOM BUILDING
FOR THE PHILADELPHIA COLLEGE OF OSTEOPATHIC MEDICINE

Leonard R. Mercer

GRAPHIC
CHARTS

Arch B-2041

"Satire will always
be unpleasant
to those that
deserve it."
Shadwell

This application must be filed before January 1st of the calendar year of desired matriculation

Philadelphia College of Osteopathic Medicine

4150 City Avenue, Philadelphia, Pennsylvania 19131

If admitted as a student, you will be required to submit two (2) wallet-sized (2½" x 3") prints of a full-faced photograph which has been especially photographed in a studio. Male students are to wear a coat and tie for the photo. Women students are to wear business or street attire for the photo.

APPLICATION FOR ADMISSION

To be considered by the Faculty Committee on Admissions this application must be completed in its entirety.

For Class entering 19 70

Unless otherwise indicated herein, please type or print.

Date of this Application 12/7/69

PERSONAL INFORMATION

Name in full (MR.) MISS. MRS. WALCHECK (LAST NAME) H. (FIRST NAME) MADDEN (MIDDLE NAME)

Home Address 123 So. DENGROVE AVE. (NUMBER AND STREET) LAPORTE (CITY) SULL. (COUNTY) PENNA. (STATE) 18626 (ZIP CODE)

Mailing Address SAME

Date of Birth 4/1/45 U. S. Citizenship: Yes (X) No ( ) Home Phone No (717) 946-7211

Single ( ) Married (X) Divorced ( ) Number of Children (2) Other dependents 3 Social Security No. 046-71-2964

Give the name and relationship of all relatives in the Osteopathic Profession:
MARCUS WELBY, D.O.; BENJAMIN CASEY, D.O.; JAMES KILDARE, D.O.; JOSEPH GENNON, D.O.

Have you previously applied for admission to this college? No (X) Yes ( ). Applied for class to start September .....

HEALTH HISTORY

Give a brief statement as to any physical and psychiatric, minor and major illnesses; surgery; physical impairment:

NO SIGNIFICANT PHYSICAL OR MENTAL IMPAIRMENTS AS YET.

Wear glasses: No ( ) Yes (X) Height 5' 11" Weight 180

Philadelphia College of Osteopathic Medicine
SPRUCE STREET AT 48TH
PHILADELPHIA, PA. 19139
(215) 748-1000

April 1, 1970

Mr. H. Madden Walcheck
123 S. Dengrove Avenue
LaPorte, Pennsylvania 18626

Dear H. :

I am pleased to inform you that your application for admission into the First Year Class in Philadelphia College of Osteopathic Medicine entering September 1970 has been favorably acted upon by the Faculty Committee on Admissions and the Board of Directors. I congratulate you upon your acceptance.

You have now taken the first step of your career in osteopathic medicine. In doing so you have assumed certain responsibilities. First, of course, is the fact that your personal and professional life must reflect the highest standards of moral integrity, intellectual effort, social consciousness, and professional dedication. Your immediate responsibility is that of maintaining a high level of academic accomplishment. Should you, for whatever reason, fail to maintain high standards in all these areas your acceptance will be automatically withdrawn.

On or before April 27, a non-refundable tuition prepayment of $100 must be received by this office, in order to confirm your acceptance of a place in the Class of 1974. This payment of $100 will be applicable to your tuition payment for the Fall Term of 1970.

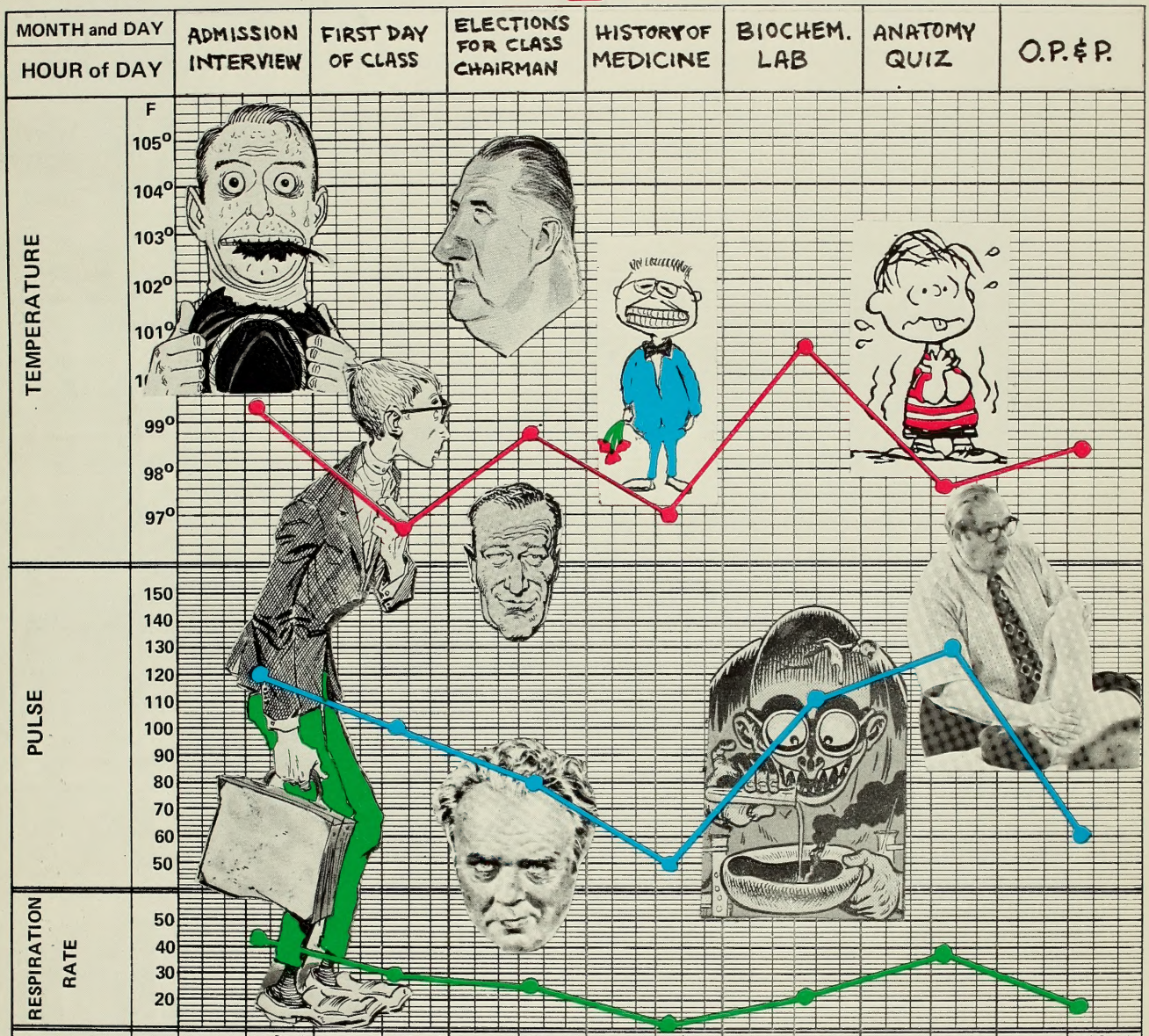
You are now about to prepare yourself for a career of public service and public trust as an osteopathic physician. No career can bring you more satisfaction. My congratulations to you. We look forward to welcoming you in September.

Very truly yours,

Thomas M. Rowland

Thomas M. Rowland, Jr.
Vice President
Director of Admissions

1



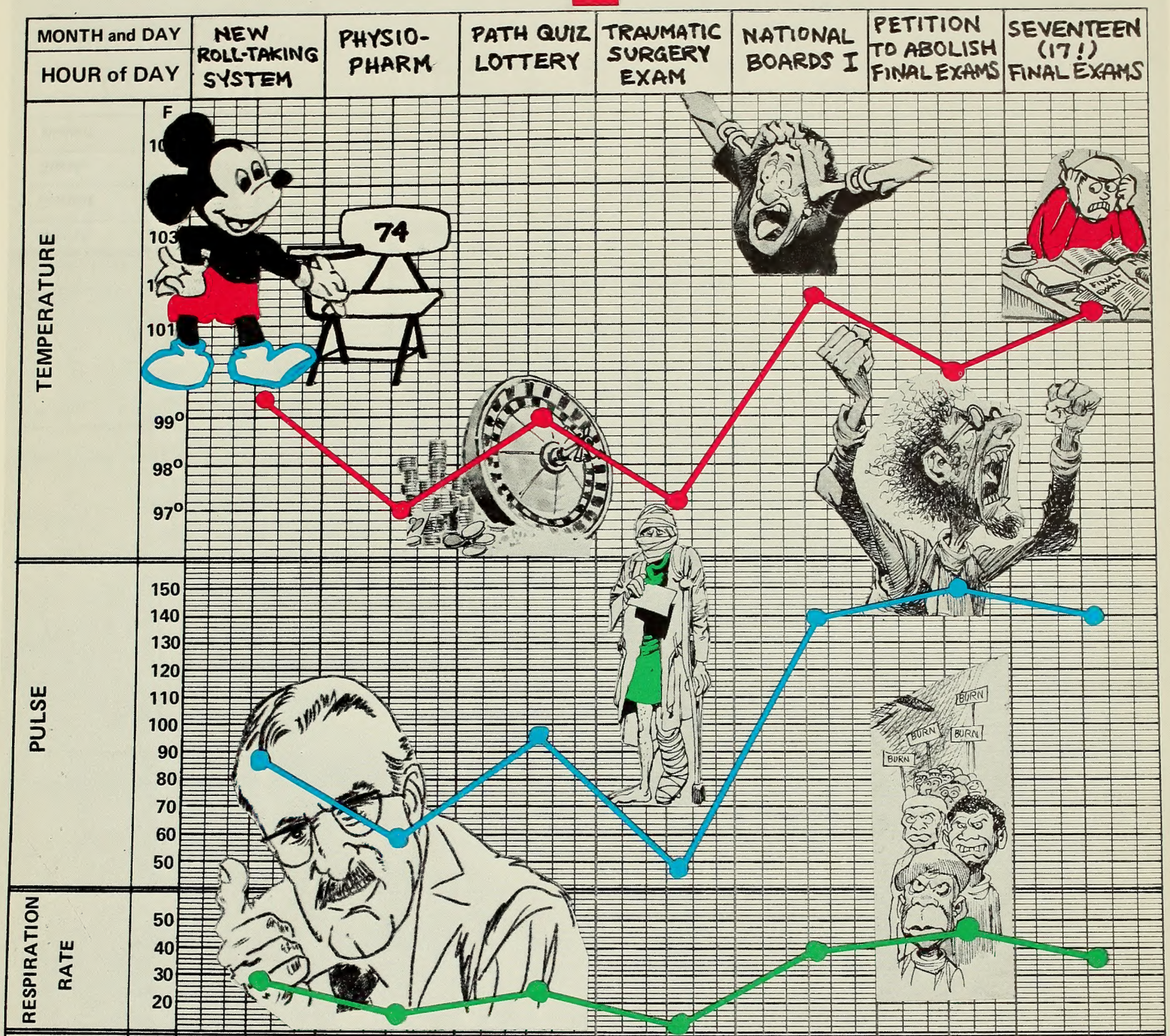
Blood Press.			160/84		128/70		132/76		108/66		130/78		152/80		140/72
Intake			P.O.		P.O.		P.O.		P.O.		P.Q		P.O.		P.O.
Output			incontinent of urine		BRP		BRP		BRP		vomitus		BRP		BRP
Stools			|||		Ō		†		Ō		Ō	||||	Ō
Weight			175		173		172		170		169		167		166

HOSPITALS OF
PHILADELPHIA COLLEGE OF OSTEOPATHIC MEDICINE

F. H. BARTH PAVILION ( ) 48TH ST. ( ) NO. CENTER ( )

CLINICAL RECORD

2

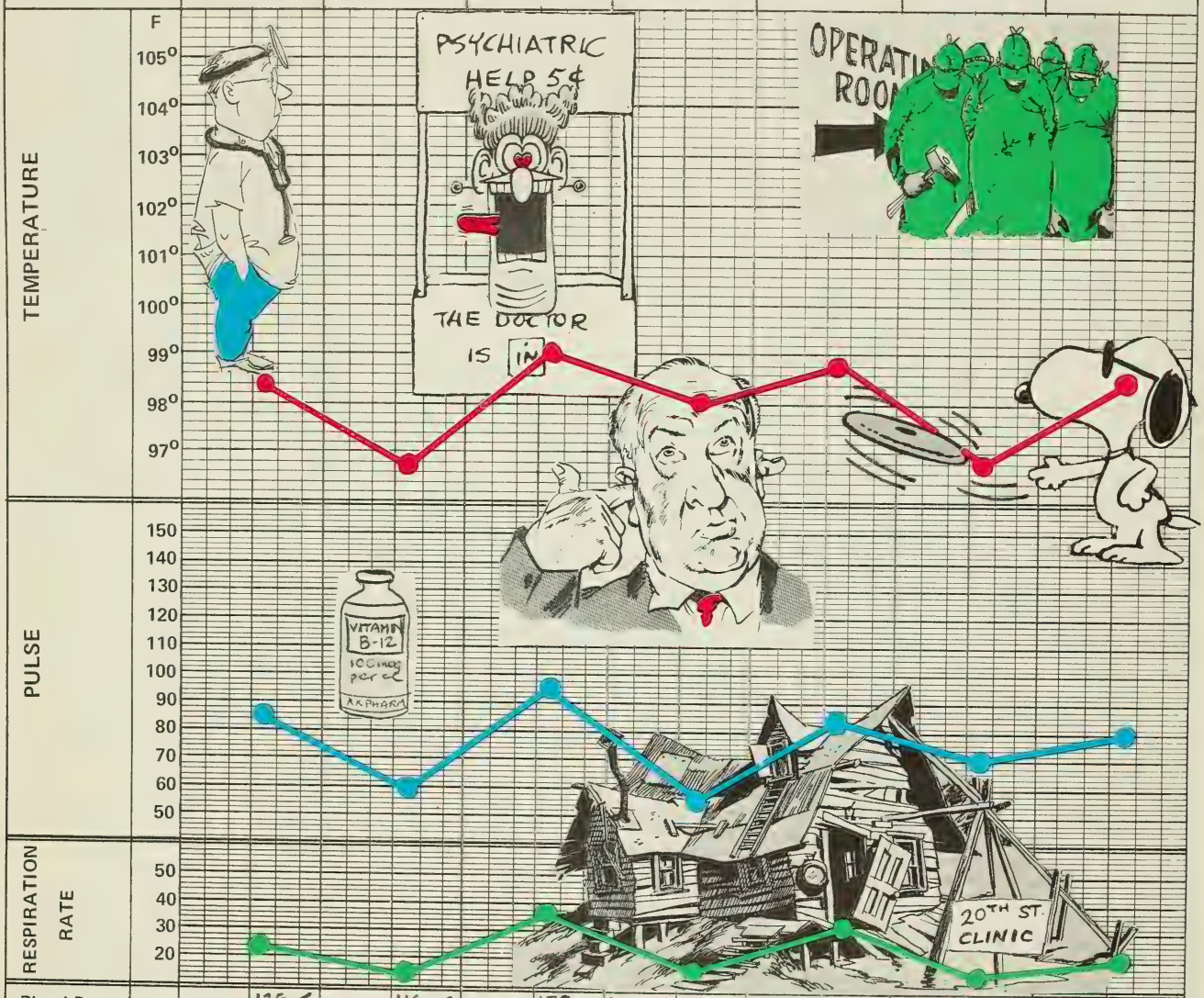


Blood Press.			136/74		112/64		134/72		118/68		168/88		176/90		172/86
Intake			P.O.		P.O.		P.O.		I.V.		P.O.		P.O.		P.O.
Output			BRP		BRP		BRP		FOLEY CATH.		BRP		BRP		BRP
Stools			1		0		1		0		IIIII		II		IIIII
Weight			172		171		171		167		163		162		158

HOSPITALS OF
PHILADELPHIA COLLEGE OF OSTEOPATHIC MEDICINE
F. H. BARTH PAVILION ( ) 48TH ST. ( ) NO. CENTER ( )
CLINICAL RECORD

3

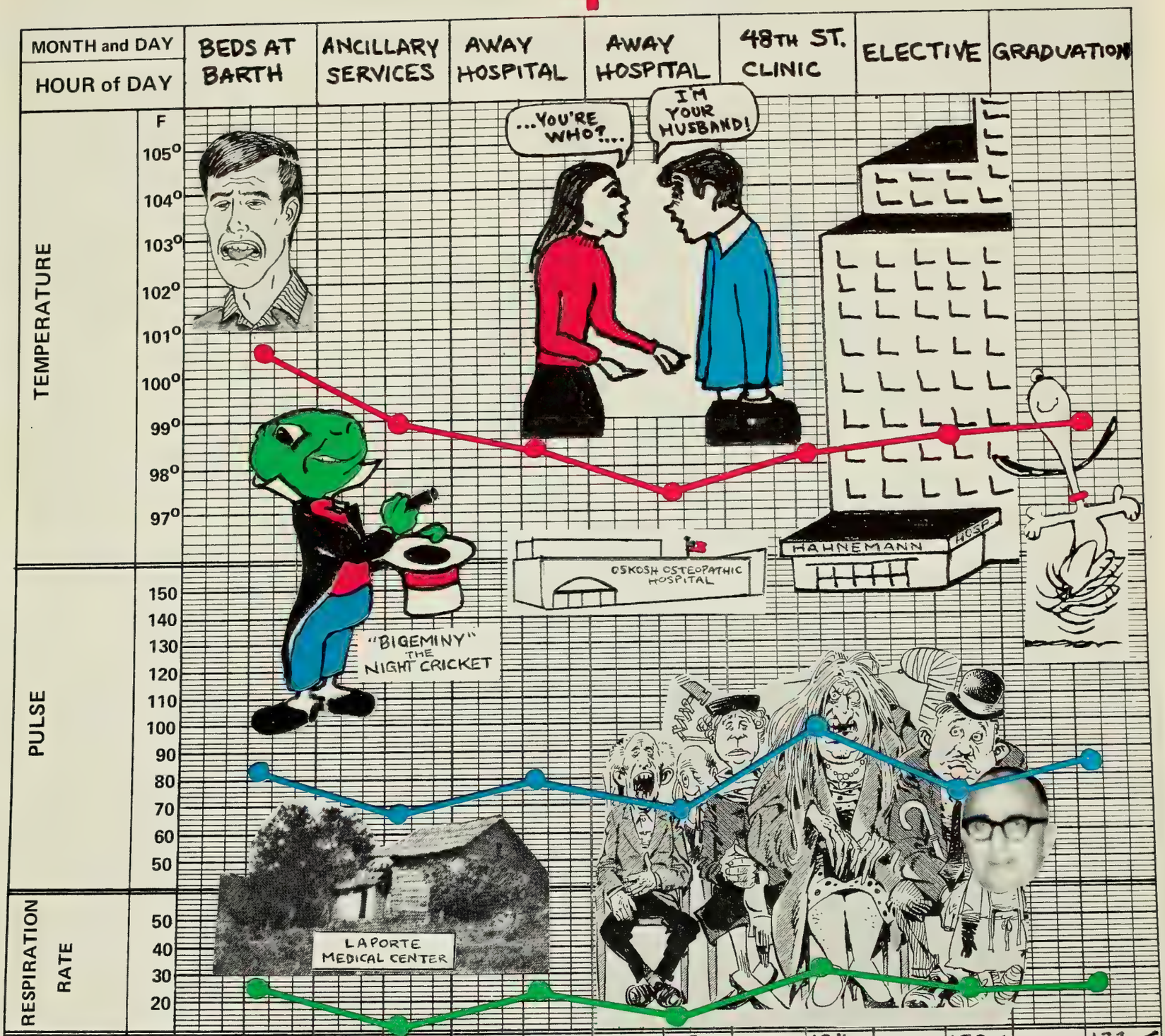
MONTH and DAY / HOUR of DAY	1ST PRECEPTOR	2ND PRECEPTOR	PSYCH ROTATION	"SPECIALTY CLINICS"	20TH ST. CLINIC	BARTH PAVILION	VACATION



Blood Press.			126/72		116/66		138/76		110/64		120/70		100/60		122/74
Intake			P.O.		P.O.		P.O.		P.O.		P.O.		P.O.		P.O.
Output			BRP		BRP		BRP		BRP		BRP		BRP		BRP
Stools			++		+		+++		ō		+		ō		++
Weight			169		172		173		176		177		180		179

HOSPITALS OF
PHILADELPHIA COLLEGE OF OSTEOPATHIC MEDICINE
F. H. BARTH PAVILION ( ) 48TH ST. ( ) NO. CENTER ( )
CLINICAL RECORD

4



Blood Press.			138/80		118/70		116/72		108/68		124/72		130/76		132/78
Intake			NPO		P.O.		P.O.		P.O.		P.O.		P.O.		P.O.
Output			vomitus		BRP		BRP		BRP		BRP		BRP		BRP
Stools			†††††		††		†		ō		ō		††		†
Weight			178		180		183		185		186		185		184

HOSPITALS OF
PHILADELPHIA COLLEGE OF OSTEOPATHIC MEDICINE
F. H. BARTH PAVILION ( ) 48TH ST. ( ) NO. CENTER ( )
CLINICAL RECORD

VALUABLES SHEET

- "True Professional" bow tie
- Bobbie Sox (white)
- "New" diagnostic kit — purchased from a graduating senior
- "Pin-up" anatomy text
- 1 box of manipulaing bones
- "Black Bag" with foam seat cushion
- "Unprofessional" blue jeans
- "Crew - cut" wig
- "Rare" P.C.O.M. gold ring

Valuable Moments

Who will ever forget . . .

. . . that first day standing in line at P.C.O.M. waiting for your rectal (the first of many).
. . . your first first class, the first no-show.
. . . the paranoia of the seniors, developing your ability to blend in with the walls.
. . . meeting your cadaver, recovering from the smell.
. . . the first class meeting, the beginning of confusion.
. . . standing in line at distribution, only to find your file without notes.
. . . the drawings in the anatomy notes, the blanks on the exams.
. . . the night chem. labs, the repeat experiments with last year's results, guessing the correct unknown.
. . . the Bridge games during lunch, Hearts during class.
. . . the hours of study, the re-exams, the ability to memorize back tests.

Who will ever forget . . .

. . . the begining of the second year, another no-show.
. . . the unlectures in Ob-Gyn, the confidence a well-groomed course instills.
. . . the Pathology quizzes, the progressive agony of not being called on for nine weeks, then betting on your table and losing.
. . . sitting in seat #6, only to find yourself being marked absent because #16 erased the 1.
. . . the monotony of Pharmacology, resembling the monotony of Physiology.
. . . the new school in Florida, the visions of grandeur from a high.
. . . the Microbiology labs where your lunch was contaminated by your neighbors cultures and fecal specimens.
. . . the National Boards Part I, then facing 20 exams, the revolution that resulted.

Who will ever forget . . .

. . . the clinical year, the Preceptorship in Miami Beach,
. . . the Preceptors, watching them take BP's.
. . . the Psychiatric rotation, identifying with the paranoids but maintaining a key difference.
. . . six weeks in the LaPorte Medical Venter, having single-handedly talked three other students out of that horrible rotation.
. . . 20th Street Clinic, your first one-on-one, the specialists help; another no-show.
. . . 48th Street Clinic, where you were allowed to do your first H & P.
. . . Clinical Studies at Barth, what can you say?

Who will ever forget . . .

. . . the attempts to liberalize your experience, the trip to Erie.
. . . the Naval Hospital, a medical man's heaven, then returning to 48th Street.
. . . the away Hospitals, the temptations you heard about, the realizations upon returning.
. . . Beds at Barth, rather Services at Barth depending on your service, and the nurse on the floor, that's the catch.
. . . looking back at the Juniors while at 48th Street, wondering if you were as naive, irresponsible, and shy, knowing you were.
. . . the experiences of "the group", the amazing difficulty of deciding on which night to celebrate the end of Barth and 48th Street rotations, when the common goal was total oblivion.
. . . Part II of the National Boards, another exercise in mental gymnastics — what is jurisprudence (a virgin jury)

And finally, who will ever forget . . .

. . . the rumors, the complaints, the criticisms, the making of your education, your individual experience at P.C.O.M.

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PHYSICAL EXAM — HISTORY-1970

CHIEF COMPLAINT

NO COMPLAINTS AT ALL. IN FACT, ALL THE PATIENT WANTS TO DO IS SAY THE RIGHT THING AT THE RIGHT TIME.

HISTORY OF CHIEF COMPLAINT

PATIENT STATES THAT HIS OVERWHELMING DESIRE TO PLEASE ANY INTERVIEWER BEGAN APPROXIMATELY 4 YEARS AGO WHEN FIRST APPLYING TO UNDERGRADUATE COLLEGE. IT REACHED ITS PEAK 2 MONTHS AGO WHEN HE WAS INTERVIEWED BY ADMISSIONS COMMITTEE AT P.C.O.M. HERE THE PATIENT ADDED THAT HE WAS A BOY SCOUT, ATTENDED CHURCH REGULARLY, AND ONCE SOLD RAFFLE TICKETS FOR THE LOCAL REPUBLICAN PARTY.

PAST PERSONAL HISTORY

PATIENT ADMITTED TO HAVING EVERY DISEASE MENTIONED. HE WAS REMINDED THAT HE REALLY HAD BEEN ACCEPTED TO MEDICAL SCHOOL AND THAT IT WAS NO LONGER NECESSARY TO AGREE WITH EVERYTHING. FOLLOWING A VISIBLE SIGH OF RELIEF HE DENIED ANY FORMER ILLNESS.

FAMILY HISTORY

PATIENT INDICATED A POSITIVE HISTORY FOR OSTEOPATHY — PATERNAL GRANDFATHER, MATERNAL UNCLE, AND FATHER. THERE WAS A NEGATIVE HISTORY FOR ALLOPATHY OR HOMEOPATHY. THEN HE ADDED THAT THE ABOVE INFORMATION COULD BE MODIFIED, DEPENDING UPON WHO WAS ASKING HIM.

REVIEW OF SYSTEMS

HEENT ⊕ EXCESSIVE TEARING - ESPECIALLY WITH LETTERS OF REJECTION. ⊕ HEARING VOICES - SAYING, "YOU'RE ACCEPTED!". ⊕ PAIN IN JAW - FROM SMILING AT ALL HIS INTERVIEWS. ⊕ DIFFICULTY SWALLOWING - THE LINES HANDED HIM BY SOME DIRECTOR'S OF ADMISSIONS.

CARDIAC ⊕ RAPID HEART BEAT - PRIOR TO INTERVIEWS. ⊕ HYPOTENSION - DURING INTERVIEWS. ⊕ PALPITATIONS - JUST BEFORE OPENING CORRESPONDENCE FROM MEDICAL SCHOOLS.

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RESPIRATORY ⊕NIGHT SWEATS - FROM WORRYING ABOUT MED BOARDS.

G.I. ⊕JAUNDICED EYE - WHILE VIEWING FACILITIES AT U.C.L.A. SCHOOL OF MEDICINE. ⊕DIARRHEA - MALABSORPTION OF CERTAIN PHILOSOPHIES. ⊕NAUSEA - FROM FRIENDS IN M.D. SCHOOLS ASKING, "JUST WHAT IS AN OSTEOPATH?". ⊖DYSPEPSIA - HE STATES THAT ONE NEEDS A STRONG STOMACH TO GO THROUGH WHAT HE HAS - IF HE ONLY KNEW WHAT LAY AHEAD!

G.U. ⊕ENURESIS, DRIBBLING - PATIENT SEEMS TO BE LOSING CONTROL OF EVERYTHING.

NEUROMUSCULAR ⊕STRONG HAND-GRIP - GOOD WAY TO IMPRESS PEOPLE. ⊕CONFUSION - WONDERS HOW HE CAN HONOR COMMITMENTS FOR RESIDENCIES WITH THE 6 DOCTORS WHO RECOMMENDED HIM. ⊕PSYCHIATRIC DISORDER - PROMISED ADMISSIONS COMMITTEE THAT HE WOULD SERVE AN INTERNSHIP HERE IF ACCEPTED. ⊕COMMITMENT PROCEEDINGS INITIATED - HE SIGNED A CONTRACT TO THAT EFFECT.

PHYSICAL EXAM

WEIGHT - 130 HEIGHT - 5'9" BP - 170/90 T - 99 P - 120 R - 30

28 YEAR OLD WHITE ♂, SOMEWHAT UNDERNOURISHED, IN OBVIOUS DISTRESS.

HEAD - GROSS EVIDENCE OF ROWLAND'S SYNDROME WITH ⊕BALDWIN'S SIGN - HAIR NEAT AND TIDY, NOT TOUCHING COLLAR; SIDEBURNS DO NOT EXTEND BELOW EARS.

SKIN - WARM, MOIST; TATTOO OF OSTIE THE OWL OVER (L) BREAST.

EYES - FUNDASCOPIC EXAM REVEALS NUMEROUS STAR-SHAPED OBJECTS. ⊕CORRECTIVE LENSES - ROSE COLORED.

MOUTH - ENLARGED - HE GUESSES THAT HE MUST HAVE PUT HIS FOOT IN IT

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MANY TIMES.

HEART – ⊕GRADE vi/vi MURMUR OF CLINICAL INSUFFICIENCY WITH RADIATION TO JUNIOR YEAR.

LUNGS – FAILURE RALES IN ALL LUNGFIELDS – FROM REPEATED APPLICATION REJECTIONS.

ABDOMEN – DEFERRED TO INTERN – PHYSICAL DIAGNOSIS LECTURE ON ABDOMEN WAS ONE OF OUR NO SHOWS.

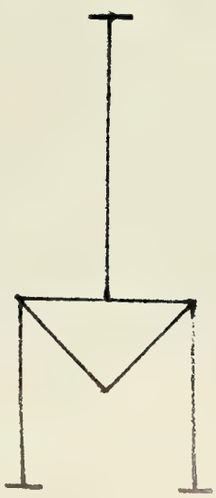
RECTAL – NOT NECESSARY – CLASSES BEGIN IN SEPTEMBER.

EXTREMITIES – ALL 4 PRESENT EVEN THOUGH HE STATED THAT HE WOULD HAVE CUT OFF HIS (R) ARM. TO GET INTO MEDICAL SCHOOL.

⊕MACENGLAND'S SIGN – BLANCHING OF SKIN OVER AREAS OF MEDIAL AND LATERAL MALLEOLI – USUALLY SEEN ONLY IN GENERAL PRACTICE RESIDENTS.

NEUROLOGIC – ⊕HYPERSENSITIVITY TO CRITICISM – AN UNFORTUNATE TRAIT CONSIDERING THE ENSUING 4 YEARS. ⊕A.O.A. SIGN – LEFT HAND DOESN'T SEEM TO KNOW WHAT THE RIGHT HAND IS DOING.

STRUCTURAL EXAM



– NO EVIDENCE OF SACRAL BASE UNLEVELING; NO SCOLIOTIC PATTERNS; NO MUSCLE SPASMS; NO AREAS OF SOMATIC DYSFUNCTION – WHO WILL BELIEVE THIS ??

– SHOULD BE FOLLOWED CLOSELY TO SEE JUST WHAT 4 YEARS OF O.P. & P. LAB AND HIS CLASSMATE'S TECHNIQUES WILL DO TO CORRECT HIM!

H&P HAND-WRITTEN 8-27-70 BY J. Simon J.I.

PROGRESS
NOTES

"Be ye not the
first to have tried.
Nor the last to
set the old aside"

10 / 2 / 70 (Freshman Year)

SUBJECTIVE: Patient states that his only complaints are severe epigastric pain, fatigue, diarrhea, and palpitations at 1:00 P.M. Tuesdays and Thursdays.

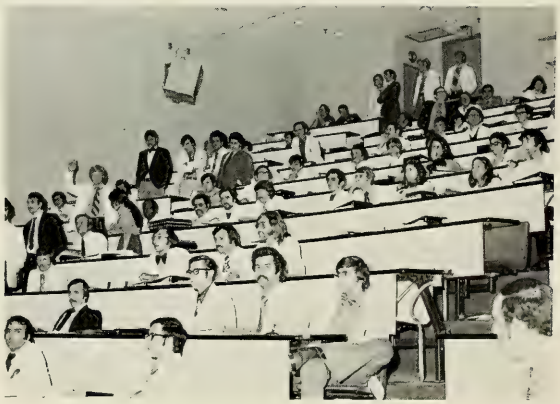
OBJECTIVE: On observation, the patient appeared disheveled, extremely fatigued, and was hyperventilating. His reactions were somewhat paranoid and he was wearing the color green exclusively because he declared, "I don't wish to be noticed." His hair was extremely short and well groomed, and he had numerous scrapes on his face which appeared to be the result of overzealous shaving. He wore a new white lab coat which, despite its newness, had already suffered the ravages of Anatomy Lab. His eyes were somewhat inflamed and he described the ailment as chemical conjunctivitis which was aggrivating his "Tired Eye Syndrome." He intermittently babbled numerous Anatomical and Histological terms while alternating with the study of homemade flash cards of the blood constituents. He was noted to have washed his hands three times during his brief examination. It was Friday afternoon but for some reason he seemed depressed. He leafed through his Gray's Anatomy and muttered something about "another Saturday of that stench." Chest and lungs were within normal limits. Extremities were normal except for chapped hands, bitten fingernails, and a slight tremor believed to be the result of fatigue. The patient contended that his diarrhea ensued with his admission physical and was later aggravated by Dr. Kline and has just now started to abate.

ASSESSMENT: Acute anxiety, depression, paranoia and fatigue.

PLAN: 5 mg. Valium T.I.D., rest, will follow.

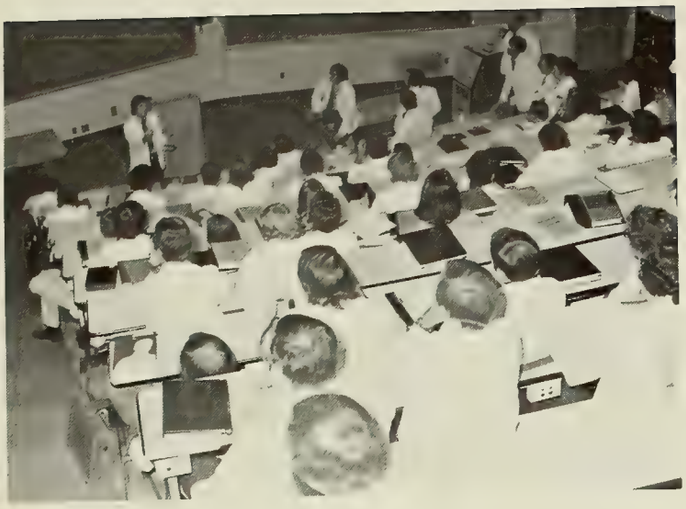
MECCA

. . . and then he tried the old "laying on of the hands" jazz on me, and I said . . .

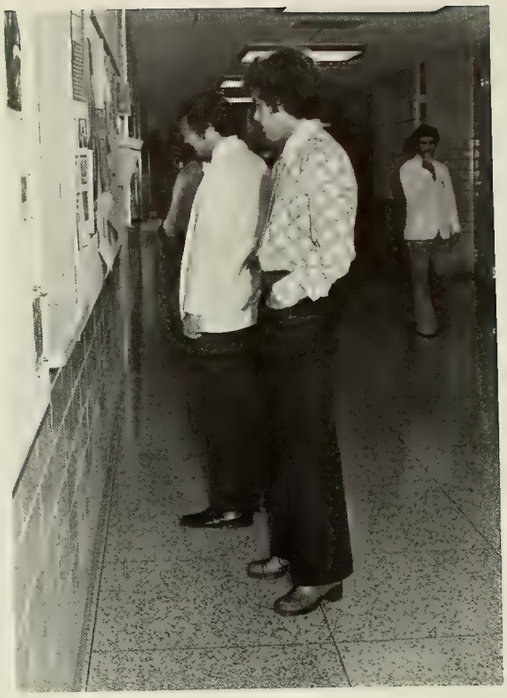


May I have your attention please?

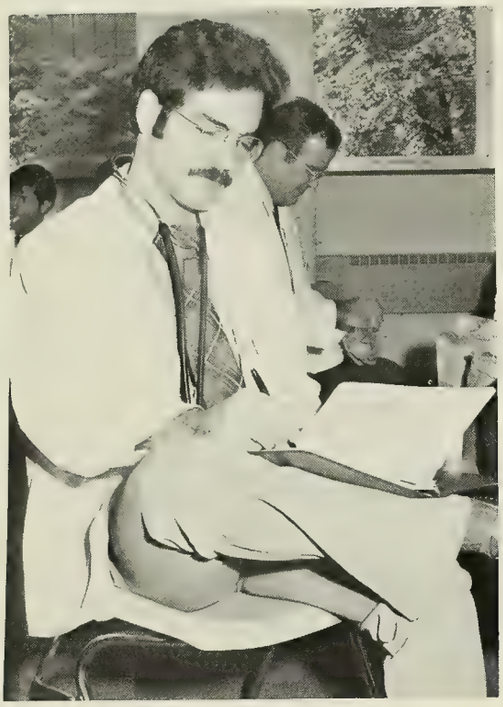
Sure, Doc, and Pliny the Elder smoked grass.



. . . and I say, if we get all the finals done by Tuesday, we can schedule tennis for Wednesday . . .



Anybody want a '53 Ford?



But I really do need a stethoscope for Chem lab.

Please, Lord, cancel the Chem test

If I lose another Dime in this machine . . .

What specimen is missing from the lab?

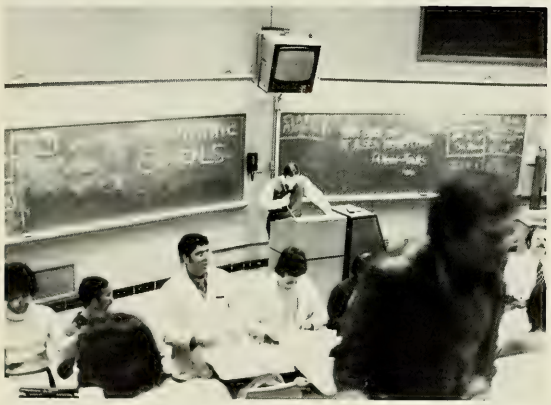
WOW! Even Dr. Nicholas couldent correct my transistors.

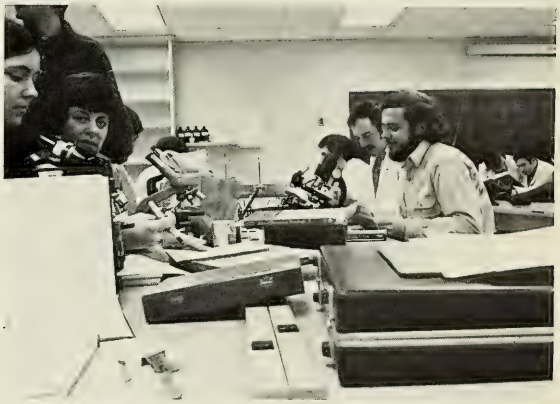
Research sure beats Chem lab.

11 / 2 / 71 (Sophomore Year)

SUBJECTIVE: Patient complains of ataxia, myalgia, aerophagia, anorexia, myotonia, syncope and arthralgia. These symptoms have been present for approximately one month and are said to have started suddenly. Patient emphasizes that these symptoms persisted after an initial episode involving pyrexia, coryza and bronchitis at which time the patient auscultated respiratory stridor. Pt. reported to have visited student health numerous times during Pathology quiz session. Pyrexia vanished at which time enuresis ensued. Pt. claims enuresis is probably a complication of his left testicular pain, his dysuria, his sore buttocks and his generalized abdominal pain which radiates to all four quadrants and both flanks and is knife-like in nature. He cannot correlate his retrosternal chest pain with any of his other symptoms and wishes to be evaluated for coronary artery disease. Pt. noticed a well defined area of anhydrosis surrounding an axillary bubo and is concerned he may have a malignancy. No other complaints except for amblyopia which pt. states effects him during Monday Night Football (probably guilt related).

OBJECTIVE: Patient seen in room 201 just returning from student health. He appears exhausted after CBC,UA, creatinine, blood chemistries, ABG,IVP,EKG, chest X-ray and sigmoidoscopic. Has planned cholecystogram, brain scan, creatinine clearance, PSP, BSP, ANA, spinal tap, LAP, pulmonary function, gastric analysis, GTT, hemoglobin electrophoresis, and barium enema for tomorrow. Has not slept for five days preparing for Dr. Greenwald's midterm — states he is getting quite proficient at multiple choice exams but still needs some practice with True and False. Pt. noticed to have large scratches on his arms reported to be the result of an attempt to secure freebees. Pt. seemed to be preoccupied with EKG ruler at this time — states he must start studying for the boards.

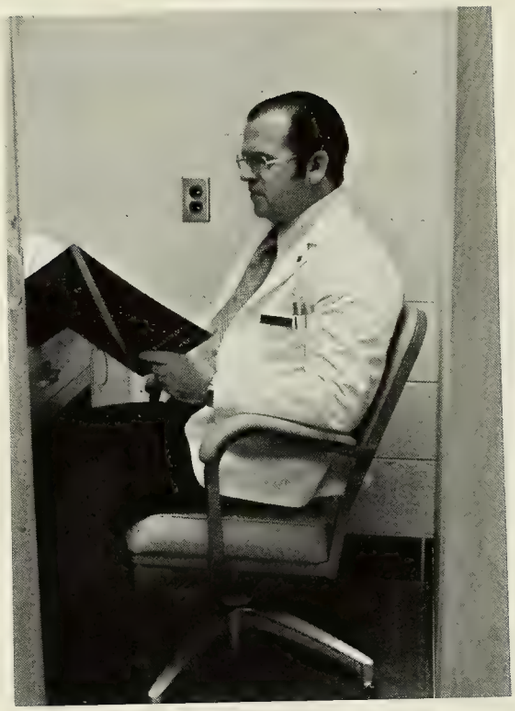




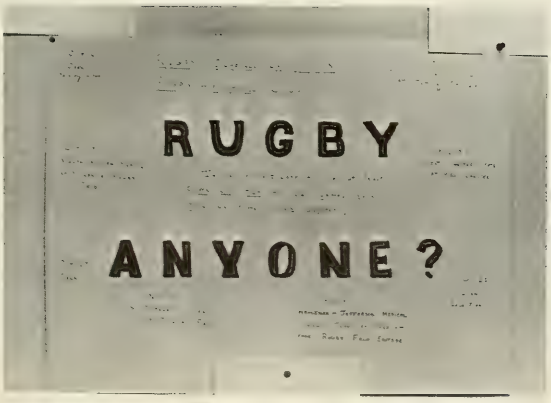
ASSESSMENT: Sophomoreitis.

PLAN: Will follow.

Rumor Central? I want to report a rumor.



We are aware that the parking situation may be somewhat difficult . . .



PROGRESS NOTES

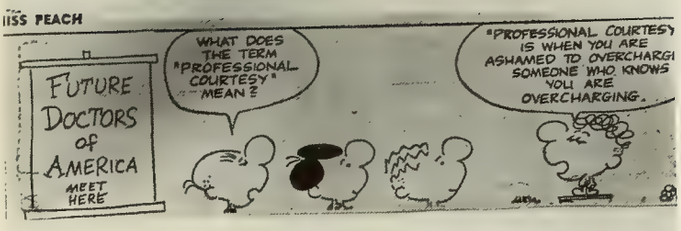
Last Name	First Name	Attending Physician	Room No.	Hosp. No.
Michaels	Ellen			

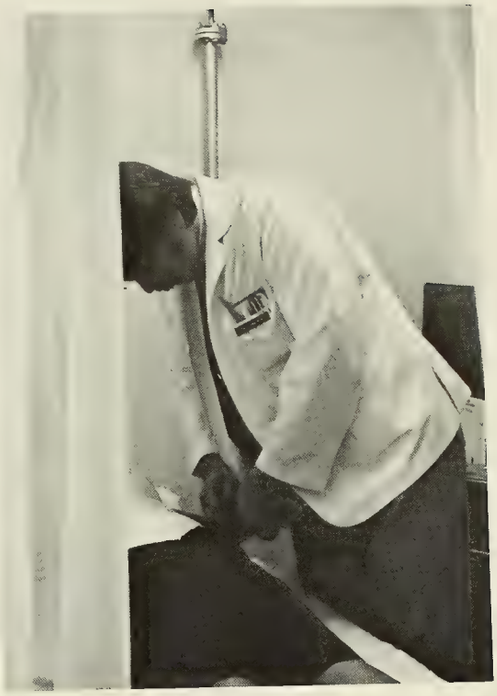
Date	Notes Should Be Signed by Physician
17 Nov 73 9 00 R	Admission Note: H & P taken and ~~dictated~~ written This 26 y.o. WD (36-24-34) WNWQ admitted to a private room; she is alert, coherent, co-operative and has good muscle tone; Her Hx was no big thing but the P.E. was remarkable: Eyes: brown and big c̄ long lashes Ears: covered by long, soft, brown hair Nose: just right Throat: deep Lips: pink and moist Neck: supple Thorax: symmetrical & sufficent for adequate airation c̄ a palpable thrill Abd: flat soft and smooth Ext: long, lean c̄ lower stronger than upper Genitalia: WNL and then some will follow very closely

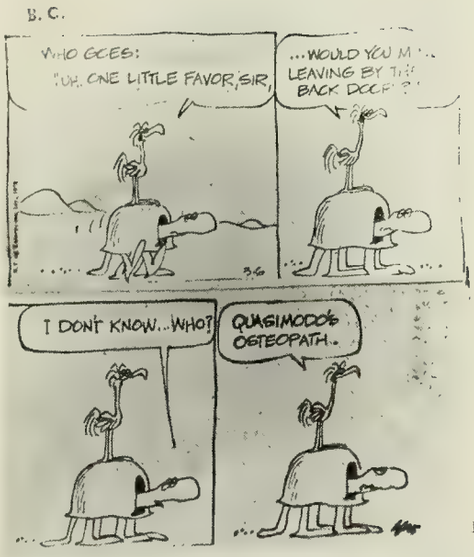
10 / 2 / 72 (Junior Year)

SUBJECTIVE: Patient has no physical complaints at this time and is elated that he won't be required to attend classes from 8 A.M. to 5 P.M. anymore. However, he is concerned about Anesthesiology and Dermatology courses which haven't yet materialized. He thinks that perhaps three general practice preceptorships may be overdoing it a bit but he is looking forward to handling his own patients at 20th Street. He is very disappointed with specialty clinics, but imagines his rotations can't get any worse. He states that the curriculum changes are an improvement but they were too late, too few, and too infrequent. He is slightly upset that he was "assigned" his Junior elective but c'est la vie.

OBJECTIVE: Patient seen at Barth Pavillion and appears to be healthy, but has changed remarkably in appearance. He has grown a moustache and goatee and his hair is quite a bit longer. His sideburns now extend below the forbidden point — below his earlobes. His stethoscope is curled in his left side pocket and his pediatric ophthalmoscope hangs from his chest pocket. A number of books are stuffed into his right side pocket and he carries a little black bag with tongue blades protruding. He has been seen at a number of area hospitals with his preceptor and is reported to be working as an extern in his spare time. He appears quite a bit calmer and has acquired some degree of confidence especially in H & P's, but feels lacking in Pharmacology. Pt. has lost contact with most of his classmates but hopes to renew friendships when he returns from his rural preceptorship in Dew Drop, Mississippi. He plans to take a trip in the spring to survey prospective hospitals for internship.







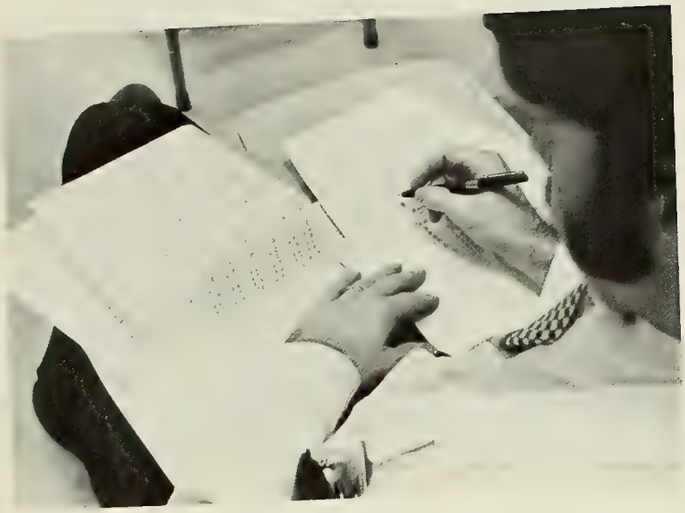
ASSESSMENT: Patient well on his way to discharge.

PLAN: Will follow.

Light my fire . . .

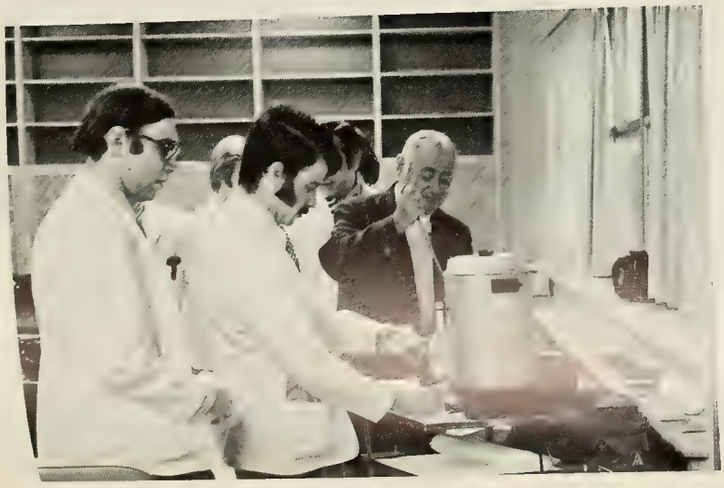
Where's Archie?

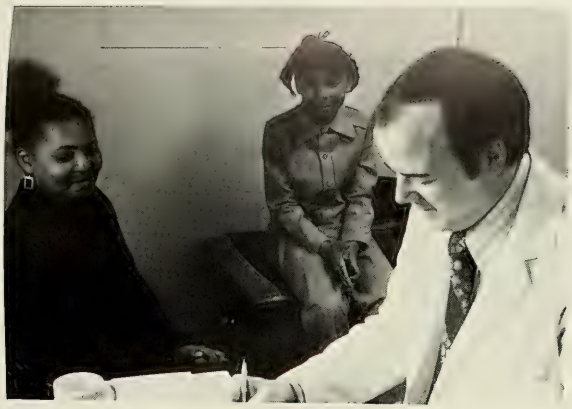
Welcome to 20th St.



D,E,A,B or C,D,A, all wrong, both, C,A,E, no answer . . .

Beds at Barth

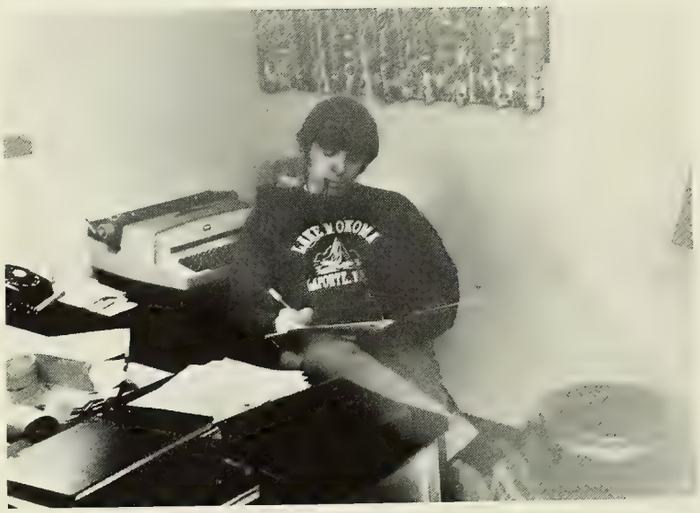




4 / 3 / 74 (Senior Year)

SUBJECTIVE: Patient complained of extreme fatigue and loss of contact with his wife and family. He has just returned from a seven week rotation in Erie, Pa. and is now about to start his vacation period. His wife is expecting their first child. He blurted, "At least I'll never have to return to 20th and 48th St. booths." He is satisfied with his electives but feels compelled to use his vacation period to take his third elective. He hasn't had a weekend off in two months since he has two part time jobs and is trying to keep up with the $250 increase in hospital costs. He is perturbed over the "stupidity" of the internship match system and thinks it is childish. More perturbing is the fact that he can find no one who can adequately explain the details of the match. He is tempted to intentionally mismatch. Pt. joyfully remarks that his discharge is approaching.

OBJECTIVE: Patient appears mentally and physically drained, however he radiates an air of self-confidence which was previously lacking and feels that his own initiative has added much to his education. He recalled a quote from a former teacher and repeated it in a sage-like manner: "Never let your schooling interfere with your education!" The pt.'s physical appearance remains much the same except that now he wears hospital shoes and a scrub suit. His physical exam is unremarkable. During his exam, pt. removed small notebook from his chest pocket and seemes to be studying it intently. He closed it with a wide smile and stated, "Only 60 days till June 2nd."



GRIN AND BEAR IT

"It's nice of you to call me a quack, Mr. Figby . . . but I'm really just an intern!"

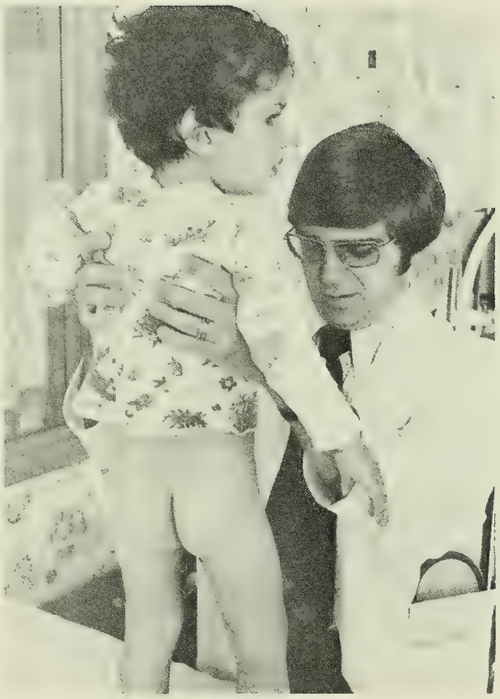
"I'm interested in your past medical history . . . what did Dr. Edelman charge? . . . What did Dr. Wilson charge? . . . What did Dr. . . ."

ASSESSMENT: Discharge imminent.

PLAN: Will cease to follow unless otherwise requested.

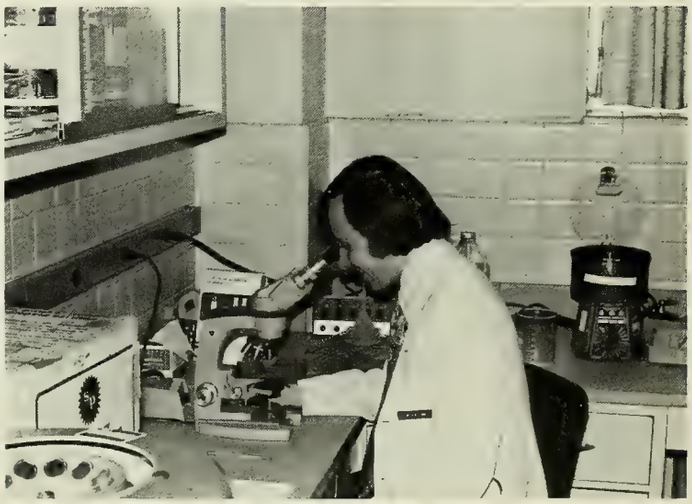
Nobody gives ME a new patient at 3:00.

. . . and then I met these seven little dwarfs.

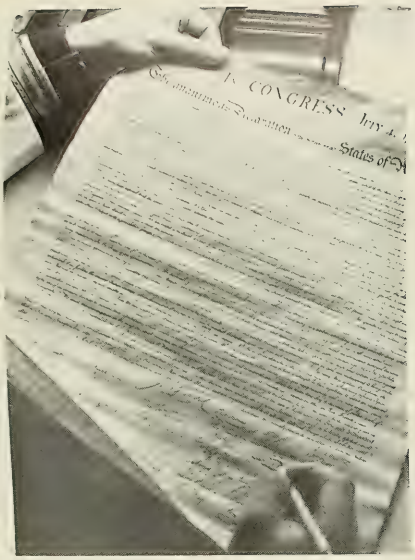


You didn't

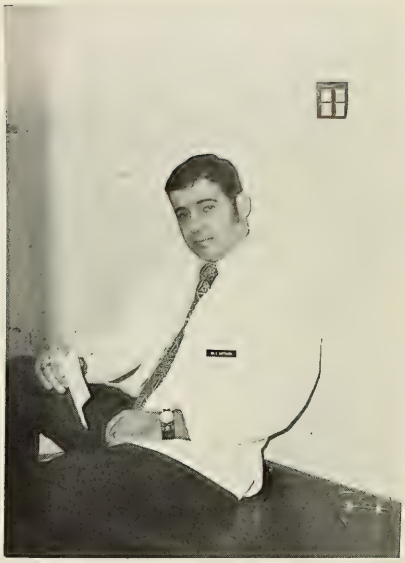
B-17,I-8,N-27, . . .



And what are you doing in a Pap little fella?



Class Rebellion of '72.



I don't care if you had an appointment for next year . . .

Four years of medical school for this?

This'll take out the wrinkles.

These long hours are really starting to get to . . . zzzz.

So that's what goes in a bedpan?

What do you mean I'm the new Ivory Snow person?

Who's this guy following me?

Now that I've got you where I want you Dr. B., you'd better speak up.

Could you come back in about six weeks for the new doctor?

No, we invited only the immediate families.

What's that you said about my favorite mayor?

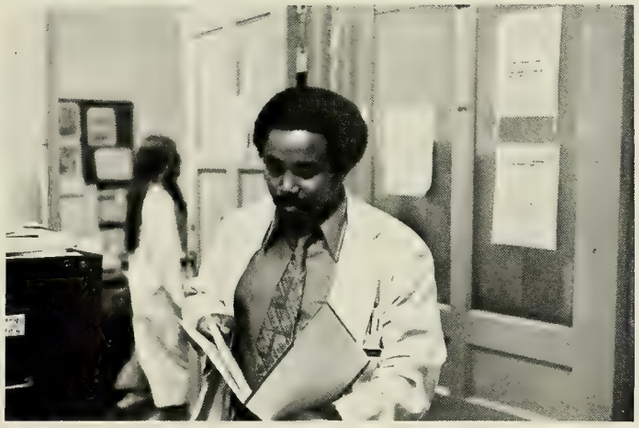
It's hurt ever since I got here.

Hurry Dr. Frankenstein, before the lightning stops.

My you have a deep throat, Linda.

Do you think it's my breath?

This dude in the white coat better not be messin' wid Cool Earl, nohow.



The H & P was never even done and the note is signed Smiling Ed.

So that's how you remove a gall bladder.

A 2 foot, 2 inch, luke warm, salt water — you're kidding?

Dear Mom, If you could see me now . . .

What's your Chief Complaint?

He does look better with cheese on him.

I gots high blood, sugar diabetes, and the miseries.

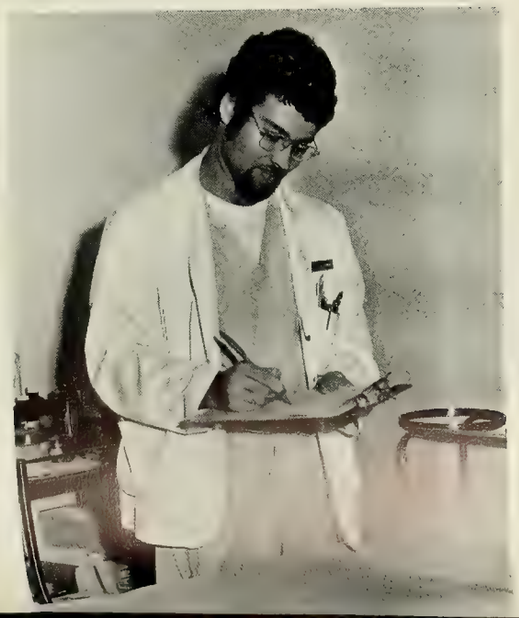
I wish there was something clever to say after a kid urinates on you.

My hair will grow back if you cut off what?

Does this mean we're engaged?

Bill, lend me a dime for the toilet.

I think I used too much thrust.



[illegible] blackboard, [illegible] pull down projection screen, . . . fix my pants, . . .

DOCTORS
ORDERS

"Nature, time and
patience are the
three great physicians."
Bohn

DOCTORS' ORDERS

PHILADELPHIA COLLEGE OF OSTEOPATHIC MEDICINE

STOPPING OF AN ORDER TO BE WRITTEN AS A SPECIFIC NEW ORDER. NARCOTIC AND DANGEROUS DRUG ORDER — ADD NARCOTICS AND DANGEROUS DRUG REGISTRATION NUMBER TO SIGNATURE.

CIRCLE NAME OF DRUG IF GENERICALLY EQUIVALENT DRUG IS NOT ACCEPTABLE

	NOTED	TREATMENT, MEDICATION & DIET	GIVEN
Lovelace, Linda	START → (DATE) 9-14-73 (TIME) 10 00/A (1) mouth wash: 1/2 teaspoon Borax 1/4 teaspoon salt ~~xx~~ gtts H_2O_2 qs ~~3 iv~~ warm H_2O gargle 4-6 x/d (2) flagyl supp. orally q.i.d. START → (DATE) (TIME)		
Nixon, Richard M. White House (pending)	START → (DATE) 3-7-74 (TIME) 3 PM. (1) SILENCE for 1 MIN. TO BE REPEATED X 18. DO(M)		
Nixon, Richard M. White House (pending)	START → (DATE) 3-8-74 (TIME) 4 AM (1) REMOVE FOLEY CATH (MAINTAIN FULL BALOON) A. T. STILL.		
Agnew, Spiro T.	START → (DATE) 11/29/73 (TIME) (1) Prep for OR Procedure: BUCAL-ANAL ANASTAMOSIS DO		
Philadelphia Eagles	START → (DATE) 10-12 (TIME) 10 00 (1) Prep for transplant: donor: Miami Dolphins DO		

PHILADELPHIA COLLEGE OF OSTEOPATHIC MEDICINE

STOPPING OF AN ORDER TO BE WRITTEN AS A SPECIFIC NEW ORDER. NARCOTIC AND DANGEROUS DRUG ORDER — ADD NARCOTICS AND DANGEROUS DRUG REGISTRATION NUMBER TO SIGNATURE.

DOCTORS' ORDERS

CIRCLE NAME OF DRUG IF GENERICALLY EQUIVALENT DRUG IS NOT ACCEPTABLE.

	NOTED	TREATMENT, MEDICATION & DIET	GIVEN
Arab, Isreal	START → (DATE) Oct 6 (TIME) 10 am		
		(1) CONSULT DEPT OB-GYN re: Bloody DISCHARGE	
Riggs, Robert	START → (DATE) 20 Sept 75 (TIME) 1:15		
		(1) chromosome study	
		(2) consult c̄ Dr. B. J. King re: tennis elbow	
Armstrong, T. J. President, Ripoff Oil & Gas, Inc.	START → (DATE) 4-22-74 (TIME)		
		(1) paracentesis & thoracentesis c̄ cell block and octane rating	
		(2) KVO c̄ 5% D&W @ rate of 55.9 ¢ / gallon	
Armstrong, T. J. President, Ripoff Oil & Gas, Inc.	START → (DATE) (TIME)		
		(3) piggy-back oil, 1 quart / bottle	
Nadar, Ralph	START → (DATE) 1-12-74 (TIME) 8:00 A		
		(1) prep pt. for new femoral prosthesis - old model was recalled	

PHILADELPHIA COLLEGE OF OSTEOPATHIC MEDICINE

STOPPING OF AN ORDER TO BE WRITTEN AS A SPECIFIC NEW ORDER. NARCOTIC AND DANGEROUS DRUG ORDER — ADD NARCOTICS AND DANGEROUS DRUG REGISTRATION NUMBER TO SIGNATURE.

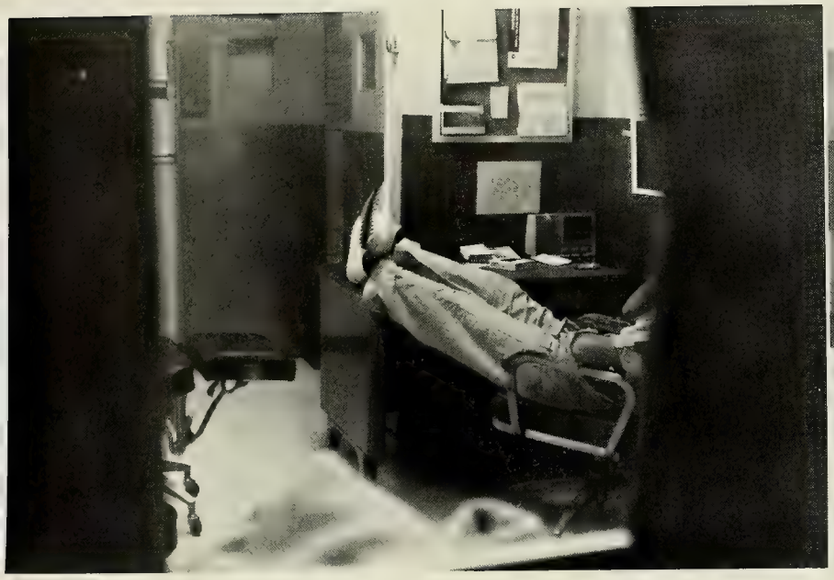
DOCTORS' ORDERS

CIRCLE NAME OF DRUG IF GENERICALLY EQUIVALENT DRUG IS NOT ACCEPTABLE

	NOTED	TREATMENT, MEDICATION & DIET	GIVEN
G. Gordon Liddy H. R. Haldeman John D. Ehrlichman	START → (DATE) 1 Feb. (TIME) 74		
		(1) Na pentathol (truth serum) xcc stat	
		S. Ervin	
POW's & MIA's	START → (DATE) 11/3/72 (TIME) 2 AM		
		(1) Discharge (Hopefully) in AM. c following	
		— Renew Self Esteem	
		— D/c Iatrogenic Anxiety	
		— 10,000 Cal. ↑ Fat ↑ Protein Diet	
		— T.L.C.	
		— Contact R. Nixon Re: Repeated inquires By Mutilization Committee	
	START → (DATE)	H. Kissinger	
Meir, Golda	(DATE) 10/26 (TIME) 7/3		
		(1) Soft Diet — ‡ Grains Pureed.	
		Dr. #	
Galore, Pussy	START → (DATE) 7-17-73 (TIME) 2 09/A		
		(1) Ankle and wrist restraints (to be positioned by Nite Jr. Int.)	
		(2) Dalmane ~~xxx~~ caps ii stat	
	START → (DATE)	for her roommate	
		[illegible]	

"Oh sometimes skies are cloudy
And sometimes skies are blue
And sometimes they say that you eat the bear
And sometimes the bear eats you
And sometimes I feel like I should go
Far away and hide
'cause I keep a waitin' for my ship to come in
And all that ever comes in is the tide."

Jim Croce
"Hard Time Losin' Man"



KYW news time 4:30 A.M. And now sports.

None but the lonely

10 / 25 / 73

My Dear Wife,

It is 4:30 A.M. and I am extremely lonely, so I decided to break the monotony by writing to you. I am now rotating through night services at the Barth Pavilion and will be doing so for the next two weeks. I work from 7 P.M. to 8 A.M., seven days a week. I'm sorry I haven't had a chance to see you since returning home from seven weeks in Erie, but my rotation on nights began the same evening I arrived home. If you get home from your job before 5 P.M., we might be able to spend an hour together before I leave for work. I realize there is little chance of this but I don't want you to worry about dinner since the Purina Company has agreed to feed us free of charge. Perhaps we can celebrate our one year wedding anniversary when I return home from La Porte Clinic next month. I apologize for having to work on Thanksgiving but at least I have a 50 / 50 chance of getting Christmas Day off.

E. R. night service isn't all that bad — sometimes I even learn some medicine. However, some things remain the same night or day. The student is always the responsible party, the scapegoat for wrongdoing. My nights usually begin by trying to obtain a scrub suit to wear. It seems that the orderlies, technicians and cleaning crews have first choice and we are permitted to wear what they reject. After sorting through the scrub suits and finding only extra large, I make my appearance in the E.R. wearing a ripped, pinned, stained rag. E.R. is a misnomer because the emergency facilities are so abused. It is more like general practice that is open 24 hours a day. People who don't have a regular G.P. and people whose G.P.'s are off for the day just drop in with their colds, stiff backs and sore throats. It wouldn't

Everyone keeps an eye open for the "Great Cricket."

Night Surgery

be difficult to start a Psychiatric practice from this location, nor a D.P.A. practice. Anyway, things run smoothly for about an hour until an X-ray is needed. Then the technician is called in and arrives, not without argument, about an hour later. The patient is taken to Radiology by the Junior Intern, since the aides are glued to their chairs and don't want to be disturbed while knitting or reading Cosmopolitan. After another half-hour delay, the X-ray is taken and the routine returns to normal.

Contrary to what you may think, it is not difficult to stay awake at night. We are constanly on guard for the "Great Cricket" that roams the halls. Some say he lives on the fifth floor; others say the third floor next to the EKG room. Some say he is a she, and some even say it is not a cricket at all, but the sound of Sister Doctor slapping students' knuckles with a ruler. Regardless, this Cricket vocalizes only after 10 P.M. He echoes throughout the hospital, "click, click, click, click, thump." Even as I write this letter the Cricket's call can be heard. The Cricket has never been seen but his effects are strongly felt. Students are instructed not to discuss the subject in elevators or in patient's rooms to avoid an outbreak of terror. There is even a rumor of student reported missing after answering a page on the third floor. None of these rumors can be verified, but there is no denying the shrill systematic clicks. We are supposed to call the operator and report when these sounds occur, so that she can be sure that we are safe. These sounds are more frequent at midnight, 2 A.M., 4 A.M. and 6 A.M., but occur all through the night without warning. You can see why we stay awake. Also, there is a constant flow of employees from all parts of the hospital who come to the E.R. and contribute to our night while they drink coffee, clean, and pilfer the food that is supposed to be our dinner. The backless chairs are designed to make us uncomfortable and the shrill door bell was especially designed to frustrate and aggravate us. In the morning hours, when I get bored, I occupy myself by taking pictures of our night crew hard at work. (I have enclosed an example of this for your amusement). In fact, the most exciting injury I treated this evening was the bruised glutimus maximus of a 250 lb. LPN who tumbled from her chair, after falling asleep on the job. I wonder if workman's compensation covers that injury.

Large, Larger or Extra Large?

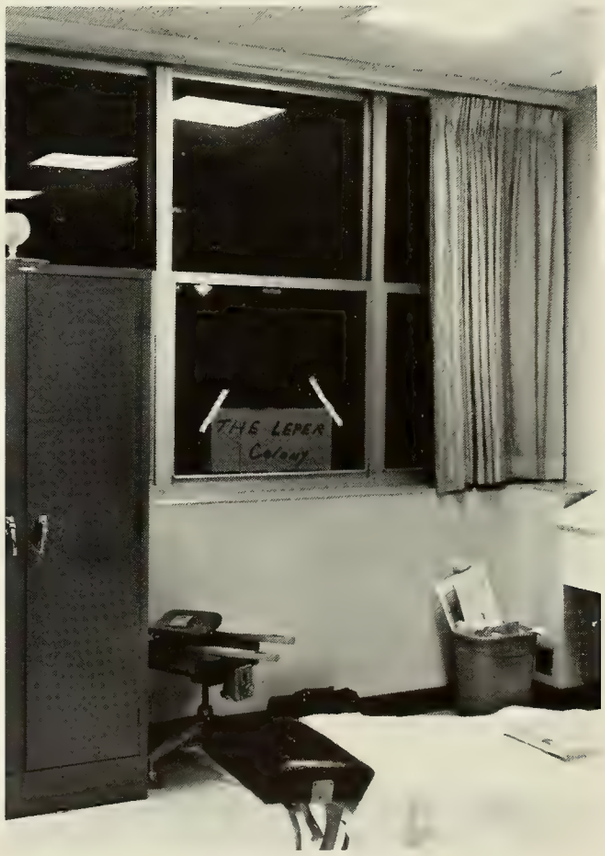
. . . While visions of sugar plums danced in their heads . . .

Grind, anyone?

The E.R. was unusally busy this past evening from 10 P.M. till midnight. However, three people had to await treatment in the lobby while the floor buffers did their job. This well-manned group of employees is probably one of the most conscientious teams in the hospital. Their job consists of an initial sweep, followed by a grind, two buffs and a final sweep. I was speaking on the phone to the house physician earlier and wasn't able to move out their way,and was almost ground into the floor. It is truly unfortunate that patients have to be seen between the hours of 10 and 12, or else the buffers could shine that floor like a mirror. It is only slightly inconvenient for the doctors to speak over the drone of the machines, slip on the floor, step over buckets, mops and brooms, and endlessly move from corner to corner to stay out of the buffers' way.

As a Junior Intern (or student slave) I feel sorry for the buffers, since almost immediately after they have finished, the "bathroom cleaner" arrives. Clad in her surgical gown, she swirls her cleanser like a white dust storm. Of the twenty five detergents she carries in her cart, not one is unused. I once used a toilet after she finished cleaning it, and found myself with excoriations on my legs from the abrasive cleanser which was not washed off the seat. Rumor has it that those who tangle with her do not tangle very long. She has even been known to use her cleanser as a weapon, thrusting it into her opponent's eyes. One of her unlucky victims is pictured on the next page.

After the "bathroom cleaner" departs, "trash emptier*1" arrives. It is the job of this gifted individual to empty all the small trash cans into a big plastic bag. He is not permitted to empty the big trash cans at this time lest the maintenance supervisor, who is extremely compulsive, catch him surprising his desig-



Our corner of the E.R.

Woeful victim of "bathroom cleaner"

By this time, it is 6 A.M. and a loud noise resembling a train emerges from the bathroom. We are relieved to learn that it is only the laundry crew which has arrived to mutilate sheets and scrub suits.

At 7 A.M., we are permitted to eat breakfast if we aren't busy. It is almost a pleasant sound to hear the kitchen help's arrogant, "Wh' you won?", for then I know my 13 hour shift is coming to an end.

Love,
Your husband

nated job description. He ranks second only to the Dean in executive priveleges. Tonight he is especially on edge since he is training a new buffer. There seems to be a big push to convert 48th St. leaf rakers into City Line floor buffers now that 48th St. has closed. I don't exactly understand this reasoning since it is now that the leaf rakers are drastically needed.

After "trash emptier #1" completes his task, the E.R. silence is shattered by the "mad mopper" crashing through the E.R. door. He greets us with a hearty, "What's up, Doc?", and a devious, "Got any pills?", and is quickly about his task mopping only the tile floors. He then takes a break for coffee and at times gets very upset if he can't find adequate sugar and cream. After piling all the trash neatly against the E.R. door and refilling his bucket with clean water, he leaves. Almost as quickly as he appeared he vanishes, but not before leaving tracks of dirty water on the freshly buffed floor.

Shortly after the "mad mopper" leaves, "trash empiter #2" arrives to empty the big cans and take away all the trash, dragging it to the door, smearing it over the trail of water that the "mad mopper" left. The comic relief is usually interrupted rudely at 4 A.M. by a patient complaining of abdominal pain which started six weeks ago and now has become unbearable. The patient is quickly treated and discharged, making room for the daily, early-morning psychotic.

"Mad Mopper"

Yes, Dr. Feinstein, it definitely was the "Mad Mopper" who battered me from behind.

DOCTOR'S ORDERS

CIRCLE NAME OF DRUG IF GENERICALLY EQUIVALENT

TREATMENT, MEDICATION & DIET

START → (DATE) 12/3/73 (TIME) 3 AM

1 D.N.T. tid

2 Exorcism prn.

Dr Karras.

START → (DATE) 8/11/74 (TIME) 4 PM

1 HyperSTAT — usual Dose for This Size Patient ē This BP STAT + prn.

I. N. Secure (Cit.)

START → (DATE) 7/9/73 (TIME) 10 AM

1 T gross freebie pocket-lites for Return to Detailmen.

START → (DATE) 6-29-73 (TIME) 7 03/A

100 mg cricket poison for nite man to apply topically

PHYSICIAN'S ORDERS

Date begun	Date discont.	ORDERS
1-8-74	1-10-74	Patient to be preped for: ① radical ② neck dissection & ③ bilateral axillary node resection & ④ skin graft to ④ inguinal node bx and incidental ⑤ total extended radical gastrectomy & splenectomy and partial pancreatectomy & jejuno-esophageal anastomosis and large bowel resection for colostomy
		⑥ 4 foley catheters for surgical assistants

PHILADELPHIA COLLEGE OF OSTEOPATHIC MEDICINE

STAFF ORDERS

DEPARTMENT OF CLINICS

Date Ordered	Patient Philadelphia College of Osteo Med No.	Date Discontinued (By whom)
1/31/74		
	(1) PE	
	(2) Review 2 yrs. of Education There	
	(3) Install/Acquire Parking Facilities at Main Line Campus	
	(4) Revise Curriculum To Start Some Clinical Correlation Rotations in the 2nd yr. and Continue a Limited Amount of Didactic Work in 3rd Year.	
	(5) Re-Institute Pass/Fail System - It Worked For '74	
	(6) Begin Student Publication	
	(7) Allow Student Publication To be Main Means of Communication Between Students Faculty & Administration	
	(8) Increase the # of Electives in Fourth Year.	
	(9) Allow "Electives" in order to be "Electives"	
	(10) Establish a System of Communication so that the Students know well in advance what is going to happen to them, what is expected of them, and what they are to do.	
	(11) Establish a Public Relations Program & Administrative and Student Involvement that will Educate the Public as to what Osteopathy Really is!	
	(12) Abolish the Intern Match/Lottery - Revise it!!	
	(13) Increase Availability of Library to Student - Especially those in City Line Hosp.	
	(14) Install Paging System in Conference Rooms at City Line.	
	(15) Phase out those who are unwilling to Teach	
	(16) Phase in those who will instruct.	
	(17) Send Kitchen & Cafeteria Employees at City Line to Faculty School - if not accepted by the Just Re-Instated.	
	(18) Determine why Naval Hospital Positions are always filled up.	
	(19) Decide just what Sailin' Ed is supposed to be doing!	
	(20) Everyone in Room - look up Definition of "Physician's Fee".	
	(21) Physicians - Heal Themselves!	
	Art Dept. 76	

Date	Note progress of case, complications, consultations change in diagnosis, condition on discharge, instructions to patient.

DATELINE: 4/11/73

SYNAPSIS NEWS WANTS TO KNOW:

(1) WHY STUDENTS ARE THE LAST TO FIND OUT WHAT IS GOING TO HAPPEN TO THEM NEXT:

e.g. WHY SOME STUDENTS WHO HAD TWO DAYS LEFT IN THEIR PSYCHIATRY ROTATIONS BECAME INFORMED THAT THEY HAD TO GO TO THE NAVAL HOSPITAL FOR THEIR "ELECTIVES" WHEN THEY HAD ALREADY ARRANGED FOR A PRECEPTOR.

e.g. WHY WERE THE STUDENTS ASSIGNED TO ERIE TOLD TWO DAYS BEFORE THEY LEFT FOR ERIE, THAT THEY ARE TO GO TO TWO SEPARATE HOSPITALS, WHEN ALL ALONG THEY THOUGHT THEY WERE GOING TO ONE HOSPITAL; THEN ON ARRIVAL IN ERIE THEY DISCOVERED THAT ONE OF THE HOSPITALS WAS NOT EXPECTING ANY STUDENTS AND THEY ALL WENT TO THE SAME HOSPITAL ANYWAY- THAT'S A SURE WAY TO FOUL UP A CARPOOL!

e.g. WHY DID THE SCHOOL ADMINISTRATION NOTIFY THE STUDENTS OF ROOM THREE WEEKS BEFORE REGISTRATION OF A $250 TUITION HIKE WHEN THE INCREASE HAD BEEN KNOWN FOR ABOUT 3-4 MONTHS.

(2) WHY ARE STUDENTS IN OSTEOPATHIC COLLEGES, ESPECIALLY PHILADELPHIA, NOT PERMITTED TO GO TO "SO-CALLED" ALLOPATHIC HOSPITALS FOR TRAINING DURING THEIR ELECTIVES; ESPECIALLY WHEN THE QUALITY OF TRAINING MAY BE MORE ADVANCED THAN MOST SCHOOL-AFFILIATED HOSPITALS OR EVEN THE TRAINING IN CERTAIN FIELDS MAY NOT EXIST IN THESE HOSPITALS?

(3) WHY CERTAIN WELL-KNOWN (OR LITTLE-KNOWN) PHYSICIANS ARE APPOINTED TO BE DEPARTMENT HEADS AT BARTH PAVILION WHEN THESE SAME PHYSICIANS SPEND LESS THAN 10% OF THEIR PRACTICING TIME AT BARTH, IF ANY.

HOSPITALS OF

PHILADELPHIA COLLEGE OF OSTEOPATHIC MEDICINE

F. H. BARTH PAVILION ( ) 48TH ST. ( )

PROGRESS RECORD

Date	Note progress of case, complications, consultations change in diagnosis, condition on discharge, instructions to patient.

SYNAPSIS WANTS TO KNOW:

(4) WHY ONE ENTIRE FLOOR (MUCHO BEDS) IS EMPTY AT BARTH WHEN THERE IS AN ACUTE SHORTAGE OF BEDS AT MANY OTHER AREA HOSPITALS?

(5) WHY DID IT TAKE OVER 3 1/2 YEARS TO BUILD A NEW SCHOOL AND LESS THEN ONE YEAR TO PUT UP A SENIOR CITIZENS HOME?

(6) OR EVEN WHY A SENIOR CITIZENS HOME WAS BUILT ON THE ONLY REMAINING LAND AT THE CITY LINE CAMPUS WHEN A PARKING LOT WOULD HAVE BEEN MORE PRACTICAL - EVEN THOUGH IT WOULDN'T HAVE MADE AS MUCH MONEY FOR THE COLLEGE, UNLESS THEY CHARGED THE STUDENTS FOR PARKING.

(7) WHY IT IS THAT A NEW, MODERN MULTI-MILLION DOLLAR SCHOOL BUILDING WHICH WAS AWAITED FIVE YEARS (JUST IN CONSTRUCTION) WAS INADEQUATE TO ACCOMODATE THE ENTIRE 48TH ST. FACILITIES THE VERY DAY IT OPENED!

(8) WHY THE STUDENT BODY WAS NOT INTERESTED ENOUGH TO WANT TO ESTABLISH A STUDENT PUBLICATION - WEEKLY, MONTHLY, WHATEVER! TO KEEP ONE ANOTHER INFORMED OF WHAT IS GOING ON IN THE ADMINISTRATION AND IN THE OTHER CLASSES! IT MIGHT JUST STIMULATE ENOUGH INTEREST TO MAINTAIN AN AVENUE OF COMMUNICATION BETWEEN THE ADMINISTRATION, FACULTY, AND STUDENT BODY?

(9) WHY ALL THE MEMBERS OF THE RUGBY TEAM PRESENT THEMSELVES TO BARTH'S ER EVERY SUNDAY AFTERNOON AFTER A GAME?

(10) WHY IT IS TAKING THE FRATERNITIES SO LONG TO MOVE THEIR HOUSES NEAR THE NEW MAIN CAMPUS?

(11) WHAT DOES STUDENT COUNCIL DO WITH THE $12.00 STUDENT COUNCIL FEE IT COLLECTS FROM EACH STUDENT? (OVER $8400/YEAR)

(12) WHY DID THE COLLEGE RE-INSTITUTE AGGRESSION IN THE UNDERCLASSES BY GOING TO A GRADING SYSTEM, WHEN THE PASS-FAIL SYSTEM WORKED SO WELL?

HOSPITALS OF
PHILADELPHIA COLLEGE OF OSTEOPATHIC MEDICINE
F. H. BARTH PAVILION ( ) 48TH ST. ( )
PROGRESS RECORD

Date	Note progress of case, complications, consultations change in diagnosis, condition on discharge, instructions to patient.

SYNAPSIS QUERIES?:

(13) Why The School LIBRARY is OPEN 24 HOURS/DAY To Residents, BUT IS ONLY AVAILABLE ~ 1/2 THAT TIME TO STUDENTS who NEED AND USE IT MORE?

(14) Why The JUNIORS ARE STILL going To "SPECIALTY CLINICS"?

(15) Why IT is THAT BARTH PAVILION HAS A BUILT-IN "RAT-PATROL" whose members Feel IT is Their Solemn DUTY To INFORM ON THOSE STUDENTS WHO DON'T Adhere Too STRICTLY To The RULES?

(16) Why The CURRICULUM, which is GREATLY IMPROVED, is SO-GEARED To EMPHASIZE CERTAIN MODALITIES AND completely IGNORE OTHERS?

(17) Why ALL THE OTHER YEARBOOK STAFFS COULDN'T GET Their WORK OUT UNTIL 9 MONTHS AFTER GRADUATION AND WE GOT IT OUT NOW!

(18) SYNAPSIS NEWS IS HAPPY THAT POOM IS PROGRESSING AS WELL AS IT IS, BUT IS SAD THAT THE RATE OF PROGRESSION IS FAR Behind THAT NECESSARY TO REMAIN ABREAST OF CURRENT MEDICAL Progr

(19) SYNAPSIS NEWS IS GLAD TO SEE THAT MORE INTEREST HAS BEEN generated RE: INTERNSHIPS AT CITY LINE. WE CAN ONLY HOPE THAT THIS WILL LEAD TO A BIGGER AND BETTER TEACHING PROGRAM AT The HOSPITAL.

(20) SYNAPSIS NEWS WOULD LIKE TO WISH THE CLASS OF 1975 BEST OF LUCK with Their YEARBOOK ENTERPRISE!

SYNAPSIS NEWS STAFF
CHANNEL 74 - BARTH PAVIL

HOSPITALS OF
PHILADELPHIA COLLEGE OF OSTEOPATHIC MEDICINE
F. H. BARTH PAVILION ( ) 48TH ST. ( )
PROGRESS RECORD

CONSULTS

"If a teacher is indeed wise he does not bid you enter the house of his wisdom, but rather leads you to the threshold of your own mind."

Gibram

ALBERT PIERCE KLINE
1910 — 1973

And gladly wolde he learn and gladly teche.

Albert Kline devoted his life to learning and teaching. He was proud of his membership in the company of scholars and teachers, and directed his energies during a forty year career to the advancement of knowledge in his field — chemistry, to the organization of bodies of knowledge that they might be better taught and learned, and especially how to teach better.

He was a devout man who took very seriously his responsibilities to and for his students. That he was a successful teacher can be demonstrated in a variety of ways, none more telling than the fact that there was a constant stream of calls, letters and visits from former students seeking advice, help or just the warm companionship of one whose life through teaching had made "all the difference" in the lives of others.

Dr. Kline was born in Philadelphia. His education began here. He was struck blind as a child, yet out of this tragedy came an experience which not only enriched the quality of his own intellectual life, but also that of all those who knew him and especially, those whom he taught. The experience was that of having his stepfather read to him from the classics. The fine young mind absorbed not only the content of what he heard, but was shaped by the quality of the thought, the art and the spirit which made a work a classic.

After he regained his sight, Dr. Kline continued his education under the auspices of the Christian Brothers, thence at Western Maryland College, after which he taught an ungraded rural Maryland school until he began his graduate studies in chemistry at Johns Hopkins University. Upon the completion of his graduate studies he joined the faculty of Washington College at Chestertown, Maryland.

From his post he moved to Kirksville College of Osteopathic Medicine. Here he, and two scientists who had studied with him at Hopkins, made a great contribution to that college's development. Dr. Kline then taught at Northeast Missouri State University in Kirksville until he became associated with Brescia College in Owensboro, Kentucky where his talents as a builder helped move that college forward rapidly.

Dr. Kline joined the faculty of the Philadelphia College of Osteopathic Medicine in 1963. His influence was felt immediately and his presence brought a special spproach to the faculty's concerns and works. He was a thoughtful counselor, he could, when the occasion called, be an incisive critic. He had high standards and a capacity to help others learn to demand the same of themselves.

Dr. Kline was a loyal and able member of the Philadelphia College of Osteopathic Medicine and to it he gave the full measure of his devotion and effort until he died — still teaching.

PAUL BARSKY
1925-1974

Paul Barsky of the Class of 1947 of the Philadelphia College of Osteopathic Medicine died on August 31, 1973.

Dr. Barsky maintained offices in Philadelphia and Cherry Hill, N.J. He was certified in his specialty, internal medicine, and at the time of his death president-elect and member of the board of the American College of Osteopathic Internists and Chairman of the American Osteopathic Board of Internal Medicine.

Students of the Philadelphia College of Osteopathic Medicine gratefully remember Dr. Barsky as Visiting Lecturer in Internal Medicine and especially his teaching on hospital rounds. He had a great capacity for the clear presentation of cases and for eliciting from students responses and effort which nurtured rapid learning in the facts of a case and a responsible and sympathetic performance in the art of practice.

Dr. Barsky was chairman of Section for Chest Diseases at Metropolitan Hospital in Philadelphia, and Cherry Hill Hospital in New Jersey. He also served as chairman of the Department of Internal Medicine at Washington Memorial Hospital in Turnersville, New Jersey.

Dr. Barsky was an inspired teacher of clinical medicine and a fine exemplar of what it is to be a true Osteopathic Phvsician. And because of these qualities he was a very successful and respected teacher of clinical medicine.

Dr. Earl R. Trievel

In recognition of his untiring and devoted efforts to further the education of the Class of 1974, and give us the basis and foundation of knowledge in a science which is considered one of the backbones of medicine, we dedicate this space to Dr. Earl R. Trievel.

In the summer of 1970 when Dr. Angus Cathie died, PCOM called upon Dr. Trievel to teach Anatomy to the Class of 1974. Although we did not know Dr. Cathie, we can appreciate his greatness through memories and recognize his abilities. However, Dr. Trievel more than amply provided our class with an understanding and patience which could not be matched by many. His diligence and perseverence with our group of neophytes in medicine will be remembered by the 151 Osteopathic Physicians of the Class of 1974. Dr. Earl R. Trievel, we thank you.

A graduating senior need only reflect back on what the senior year schedule was like when we began as freshman at PCOM to realize what Dr. A. Archie Feinstein has accomplished as the Assistant Dean for Clinical Training. He has gone to great lengths to secure rotations at teaching institutions across the state, as well adding new elective rotations in Philadelphia area hospitals. In addition to these progressive changes in the fourth year cirriculum Dr. Feinstein has been of prime importance in arranging for the third year students to get out of the classroom and into a clinical setting. Because of his efforts we will become better physicians and this is why we salute Dr. A. Archie Feinstein.

Dr. A. Archie Feinstein

Dr. Thomas M. Rowland, Jr.

The Class of 1974 offers to Dr. Thomas M. Rowland, Jr. its special recognition for his time and efforts spent in the pursuit of the betterment of this institution. In his 24 years of association with PCOM, Dr. Rowland has served as Registrar, Director of Admissions, Associate Professor, Vice-President for Administrative Affairs and most recently, Executive Vice-President. In attaining this position Dr. Rowland has displayed keen capability and insight which has characterized his success. It is our sincere hope that Dr. Rowland continue his efforts so that change and advancement might become a flourishing segment of PCOM. There is, however, one word which best describes what Dr. Rowland represents. This word is dedication. Dr. Rowland, we salute you.

Dr. Morton Greenwald

We, the Class of 1974, take pride in acknowledging our collective admiration and respect for Dr. Morton Greenwald. Looking back upon the four years during which we were privileged to have been his students, his total dedication to the art of teaching and the science of medicine, his undeniable intellect, and his subtle but unmistakable sense of humor remain the qualities for which we shall always remember him. But perhaps the greatest tribute to the man lies in the fact that in the opinion of all the graduating classes in recent memory, his name has been synonymous with excellence. We offer to you, then, Dr. Greenwald, a somewhat inadequate but totally sincere, thank you, for all your time and effort on our behalf.

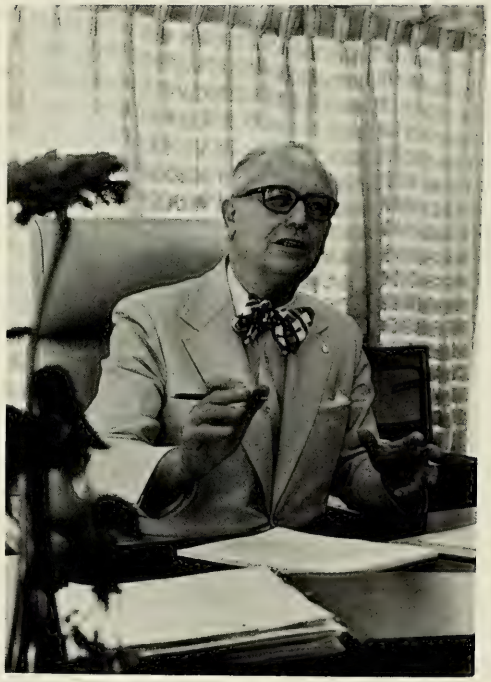
ADMINISTRATION

Dr. Frederic H. Barth
President

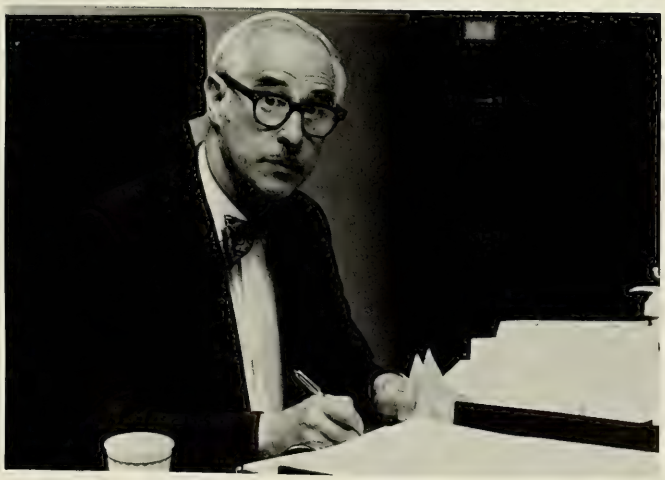
Dr. Thomas M. Rowland
Executive Vice-President

Mrs. Sophie F. Barth
Dean of Women

Dr. Robert England
Dean of College



Dr. Sherwood Mercer
V.P. Educational Affairs



Dr. A. Archie Feinstein
Dean of Clinical Education

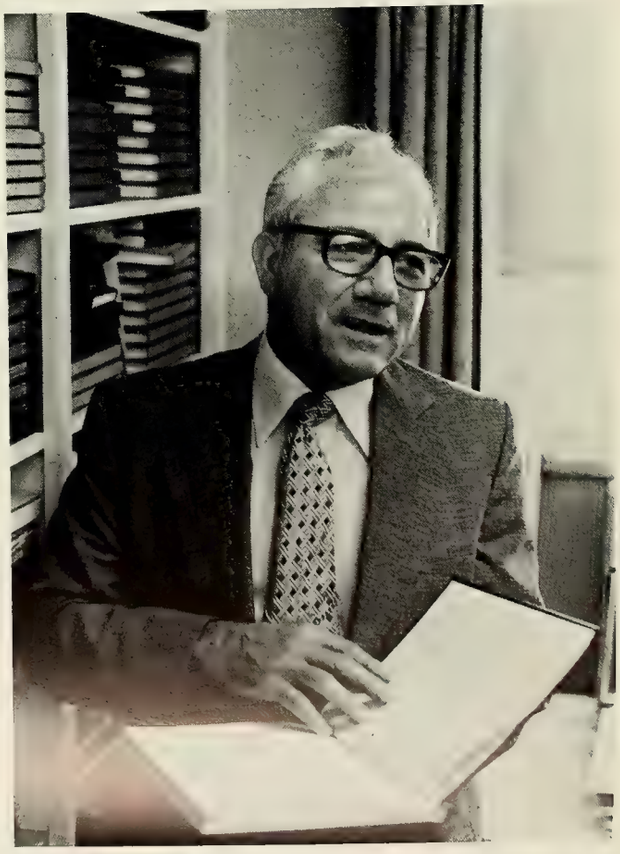
Dr. Lewis Brandt
Dean of Professional Educ.

Col. John Lucas
Director of Clinics

Mr. James J. Fox
Administrator

Ms. Carol A. Fox
Registrar

Mr. John DeAngelis
V.P. Financial Affairs



Mr. Paul Weatherill

Ms. Margaret Ferguson
Public Relations

Ms. D. Duvanee
Bookstore

Mr. Harold King & Miss Gavighan
Financial Aid

Mr. and Mrs. Shanker H. Vyas
Librarians

Mr. Donald Hulmes
Educational
Communications

Consultation with: Internal Medicine

Dr. Clarence Baldwin
Chairman

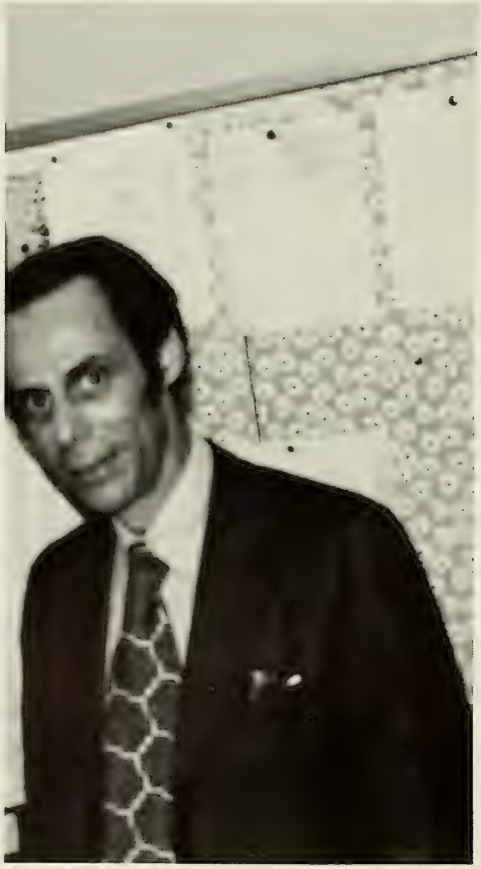
Dr. Albert D'Alonzo

Dr. J. Huffnagle

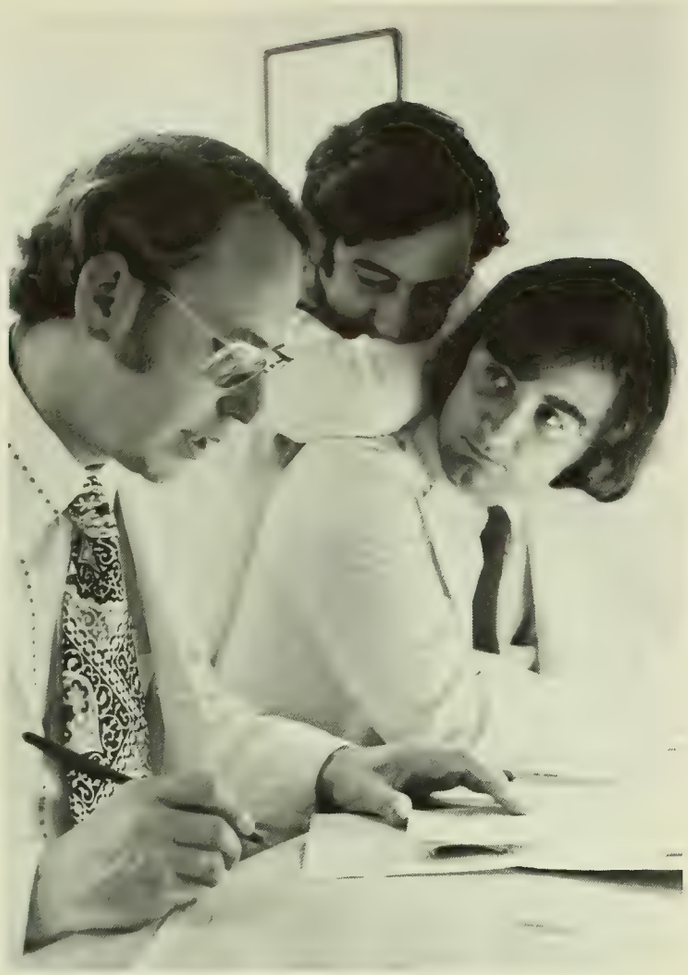
Dr. William Daiber

Dr. Irving Berkowitz

Dr. Lois Pullum

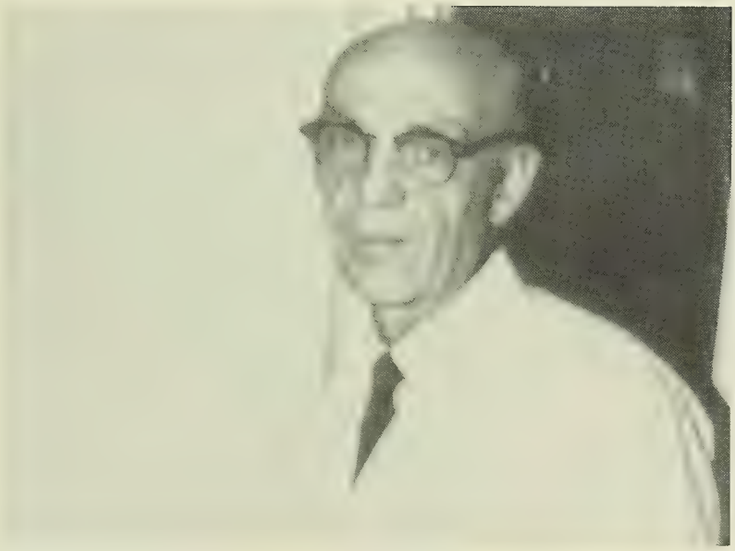


Dr. James Conroy

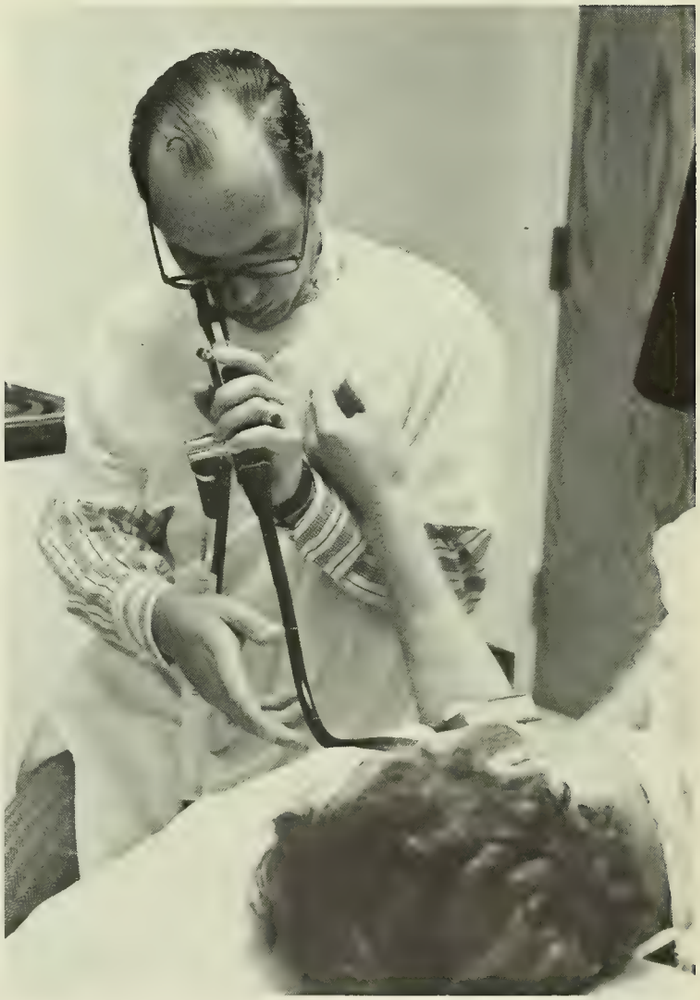


Dr. Martin Bascove

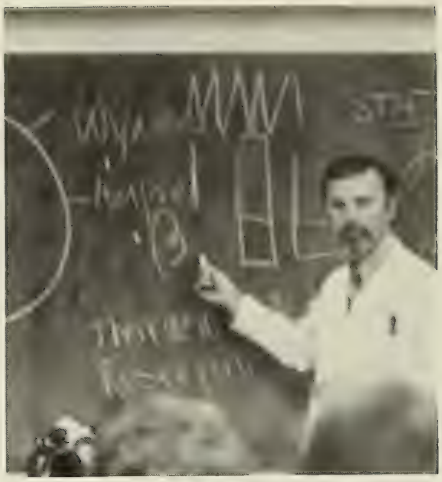
Dr. Joseph Koehler



Dr. Albert Fornace



Dr. Ralph Tomei



Dr. Marvin Rosner

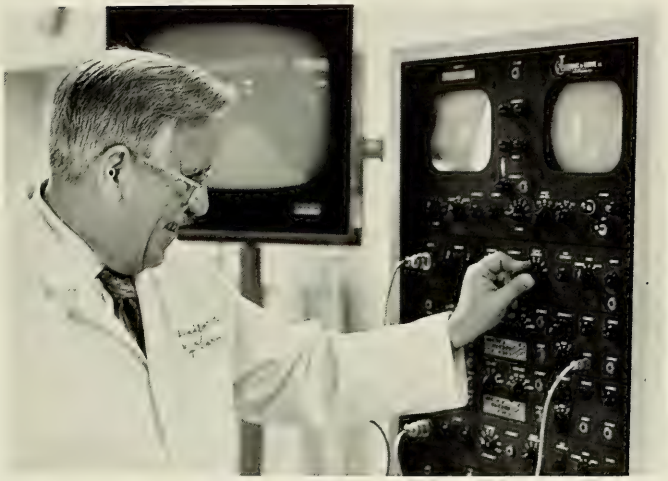
Dr. William Nickey

Dr. Morton Silver

Dr. Alvin Rosen

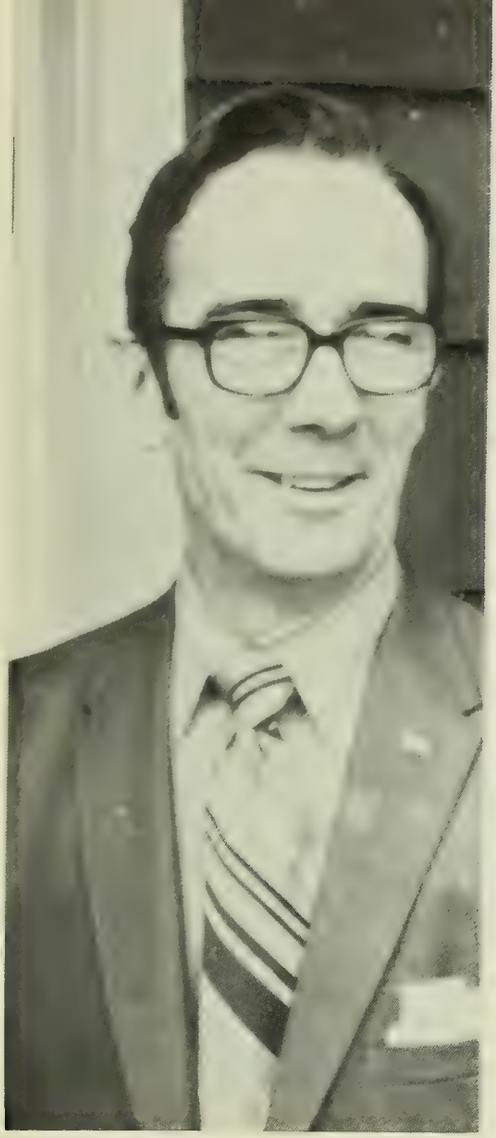
Dr. A. DiPiero

Consultation with: PHYSIOLOGY

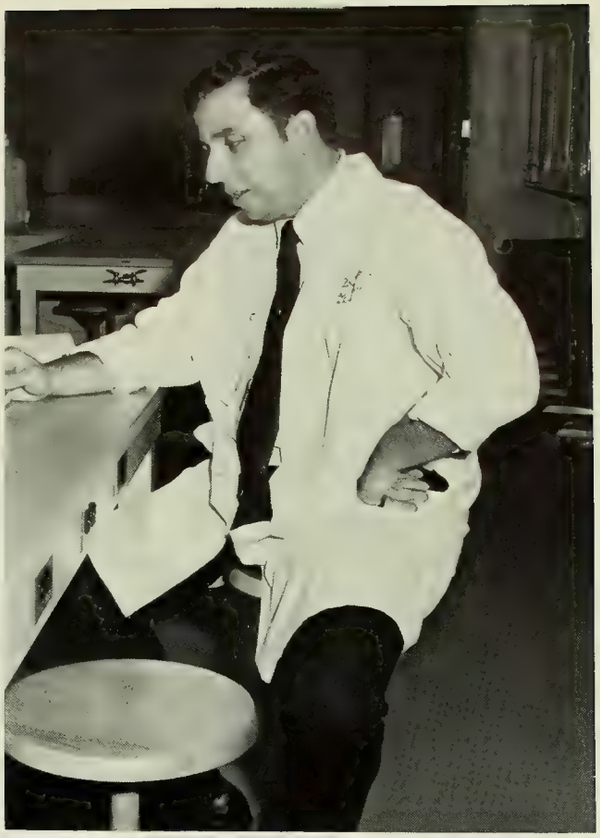


Dr. Spencer Bradford

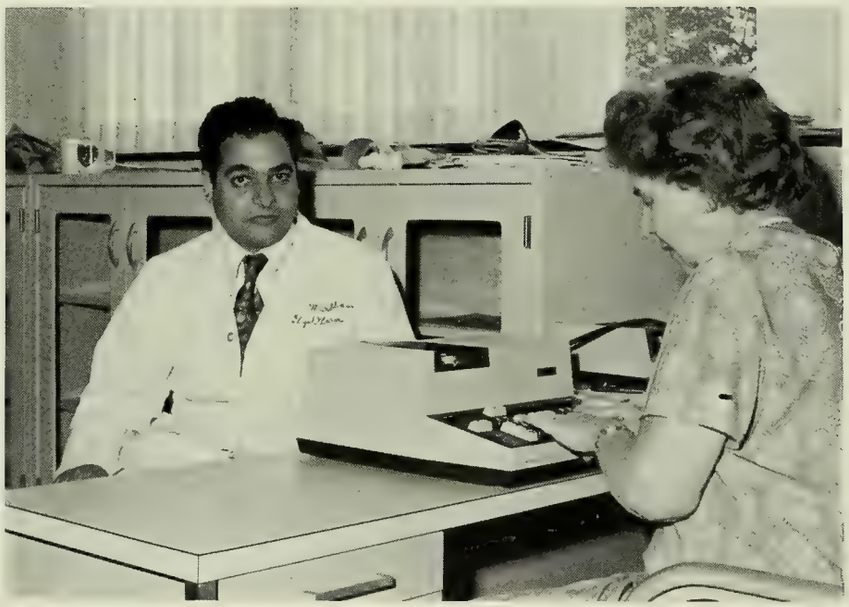
Dr. Kodwow Abaidoo



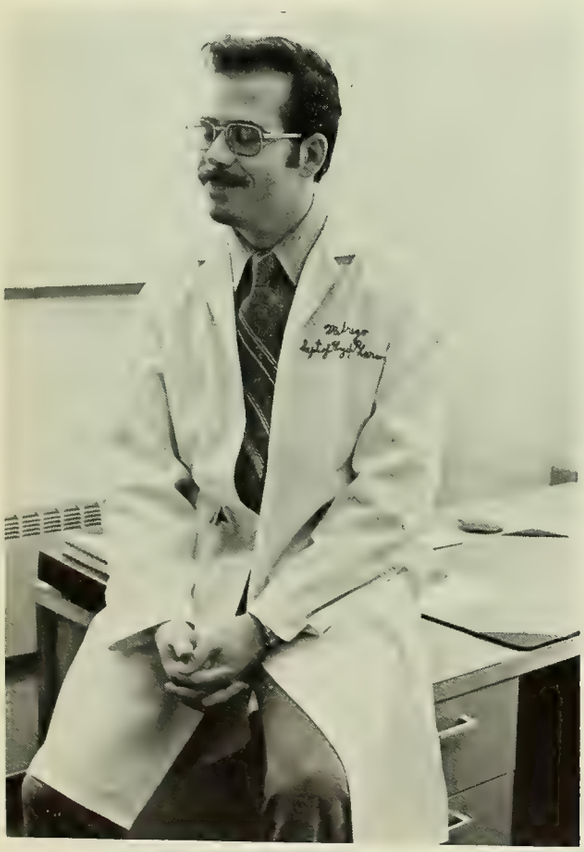
Dr. Frank Falbey



Dr. Robert Mancini

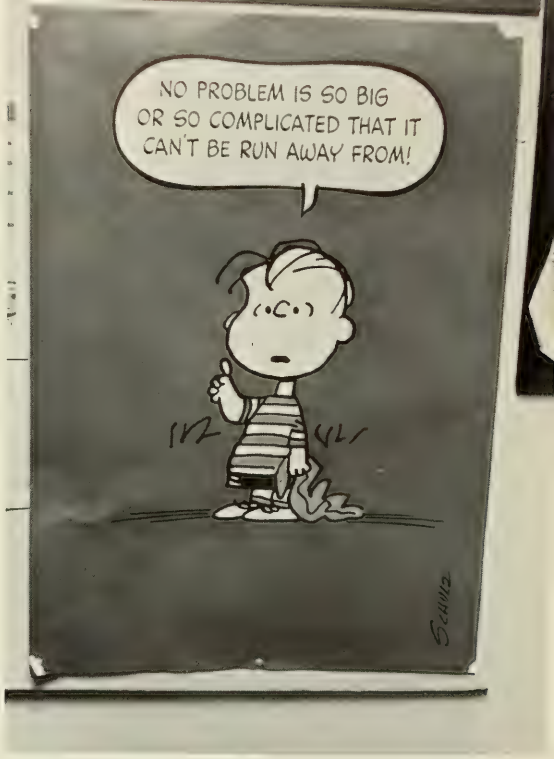


Mr. George Abbas and Mrs. Lewis



Mr. Nicholas Grego

Dr. Nicholas Renzi



Linus

Remember When?

Another Quiz?!

Consultation With: SURGERY

Dr. Robert Erwin

Dr. Alexander Chernyk

Drs. Pedano and Young

Dr. John Fleitz

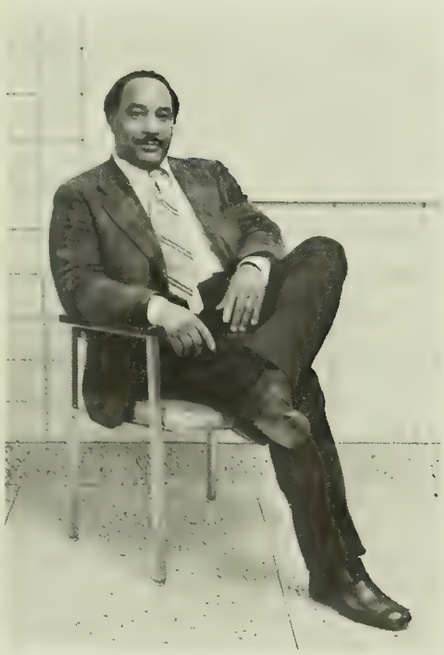
Dr. Harry Binder

Dr. Leonard Segal

Dr. James Harris

Dr. Galen Young Sr.

Dr. Henry D'Alonzo

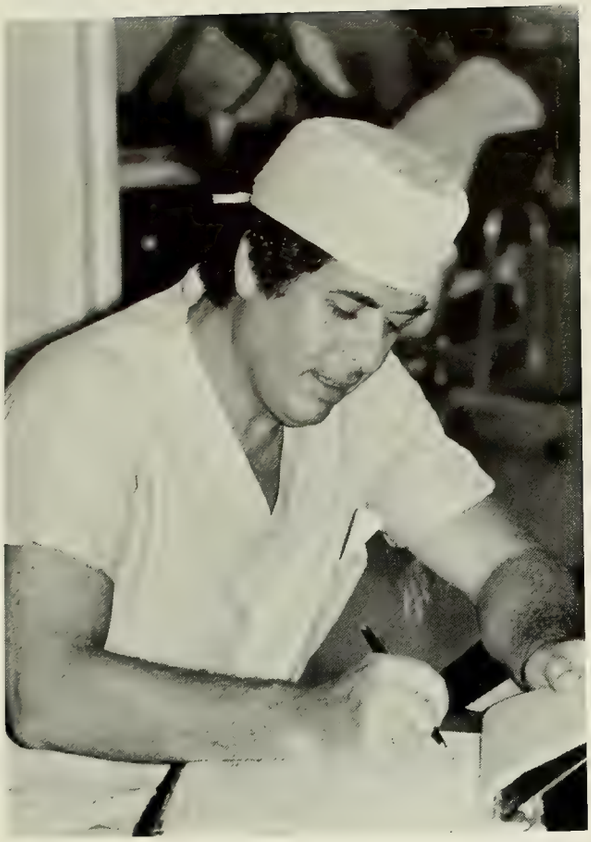


Dr. Thomas Powell

How!

What?!

Hmmm!



Dr. Leonard Finkelstein

Dr. H. Steinsnyder

Irrigantes Bladdericthyes?

Dr. Herman Poppe

Dr. Thomas Moy

Dr. Charles Hemmer

Consultation With: E.N.T.

Dr. Theodore Mauer

Dr. Charles Snyder

Dr. John Sheetz

Dr. Lynn Sumerson

Dr. Ronald Kirshner

Dr. Calvin Dubrow

Dr. Mahlon Gehman

Stuffy Ears!?

Dr. Herman Weinberg

Dr. J. Ernest Leuzinger

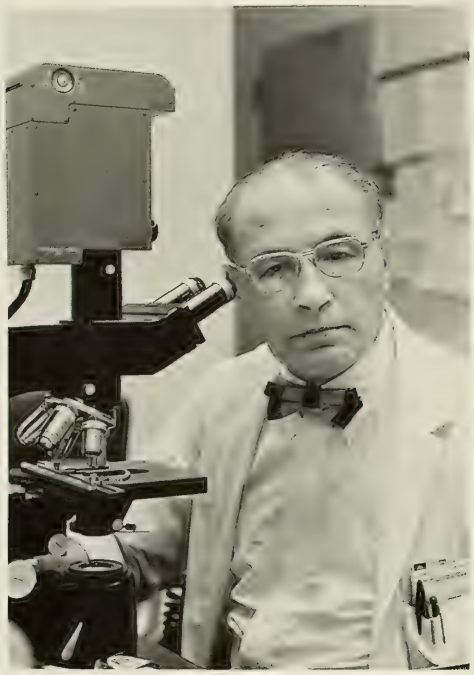
Consultation With: ANATOMY

Dr. Vincent T. Cipolla

Dr. Robert England

Mrs. Joan Moore

Consultation With: PATHOLOGY



Dr. Morton Greenwald

Dr. Richard Wilner

Table 3; Quiz 4

Dr. Syed Saidi

Dr. Dale Steventon

Dr. Dante DiMarzio

Dr. Roderick Cannatella

Consultation With: RADIOLOGY

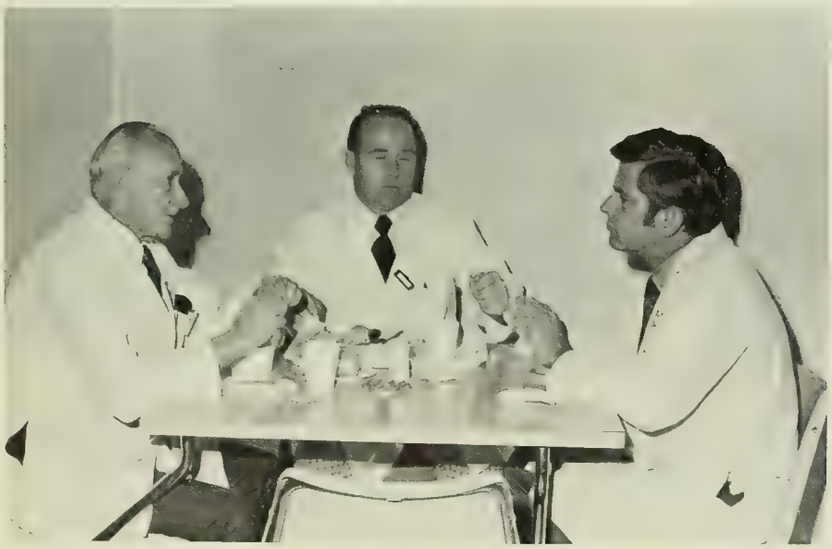
Dr. Robert Meals

Dr. Peter Tilley

Dr. David Cragg

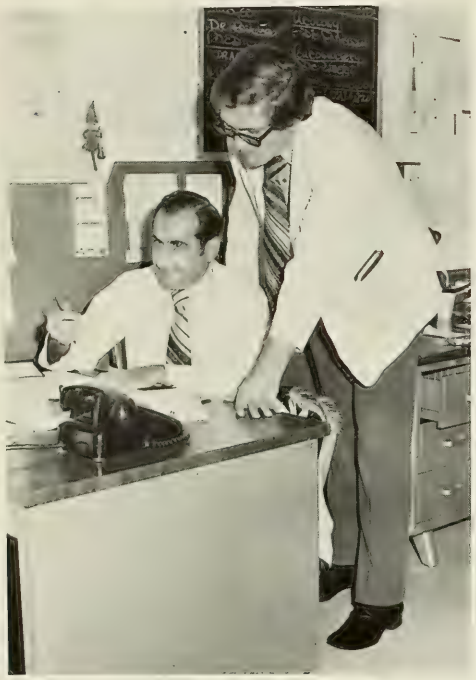
Dr. Paul Lloyd

Dr. Aline Swift

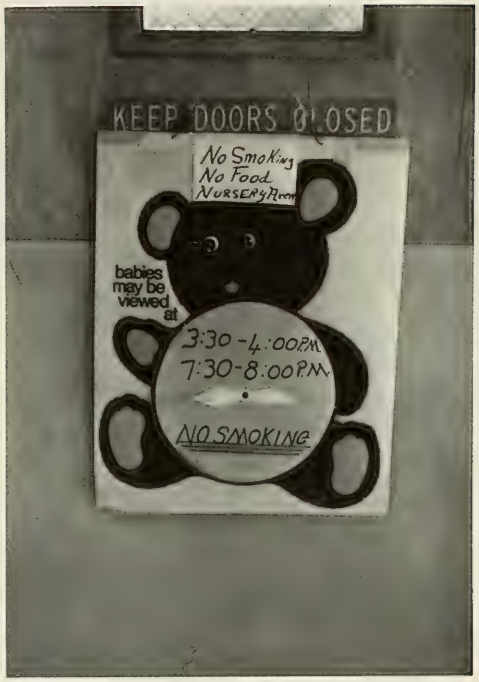


Dr. Charles Finnell et al.

Consultation With: PEDIATRICS



Dr. Samuel Caruso

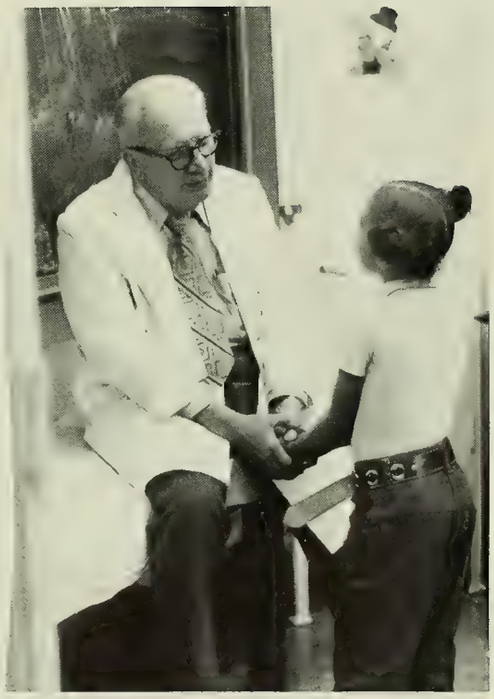


"Shoo Bear"

Dr. Sherwood Berman

Dr. William Spaeth

"Out Feeding"?



Dr. F. Munro Purse

How About an Enema?

Consultation With: PSYCHIATRY

Dr. George Guest

Dr. Cecil Harris

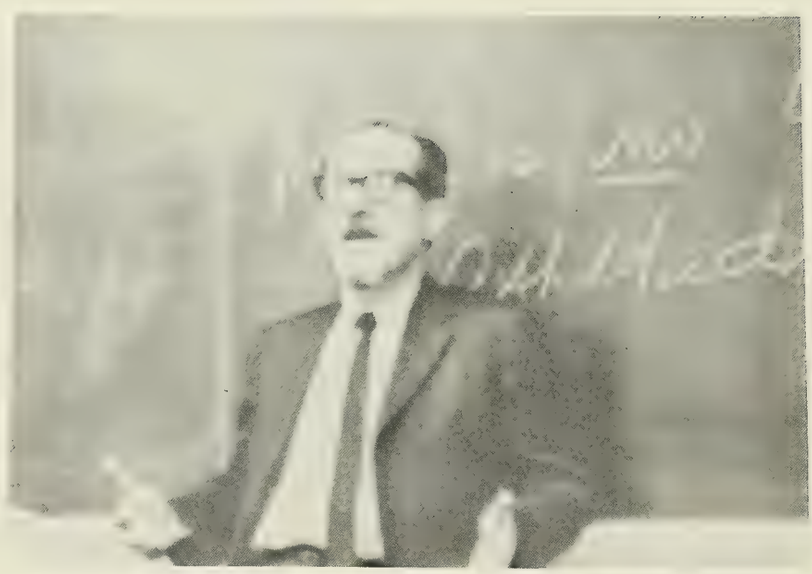
Dr. Morton Herskowitz

Dr. Anthony Jannelli

Dr. Martin Goldstein

Dr. Irwin Rothman

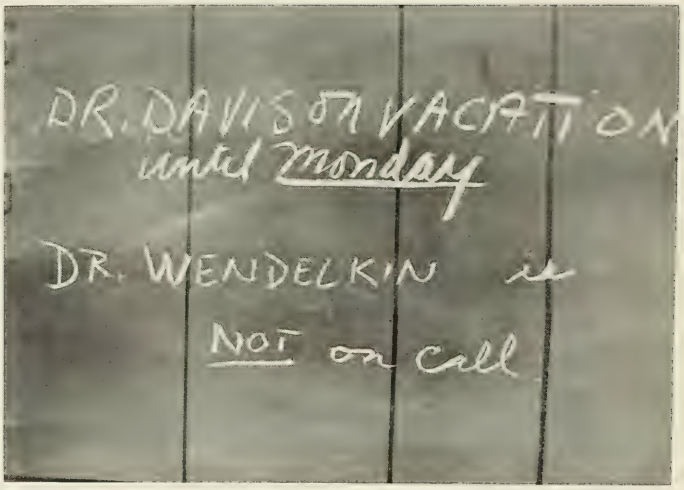
Dr. H.M. Zal



Dr. I. Jay Oberman

Consultation With: OB-GYN

Dr. H. Wendelken



Dr. Emmanuel Fleigelman

Dr. L. Kirifides

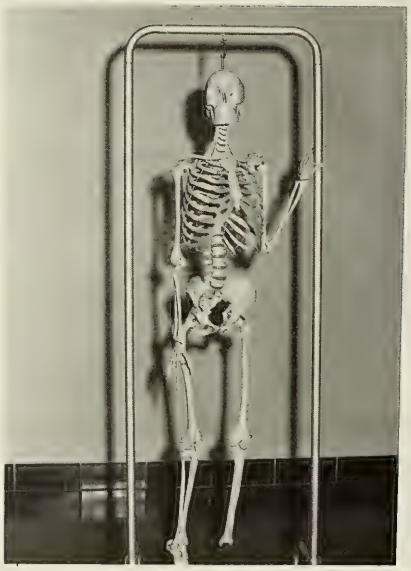
Dr. Harry Davis

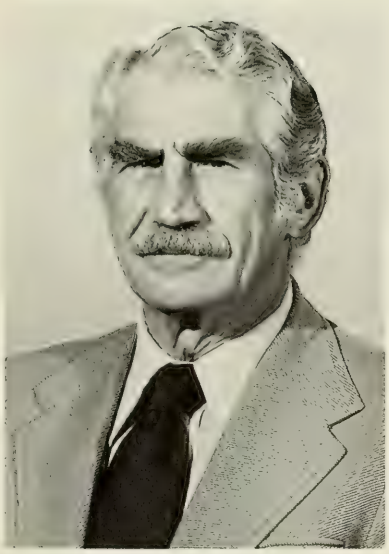
Dr. William Morris

Dr. Charles Neun

Consultation With: O.P. & P.

Dr. Nicholas Nicholas



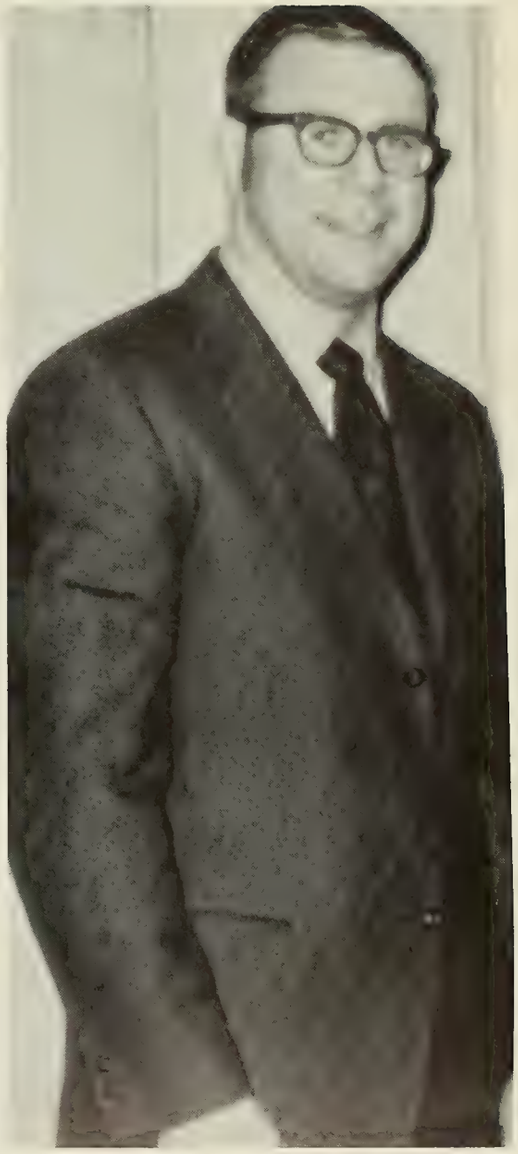


Dr. David Heilig

Dr. Marvin Blumberg

Dr. Merrill Mirman

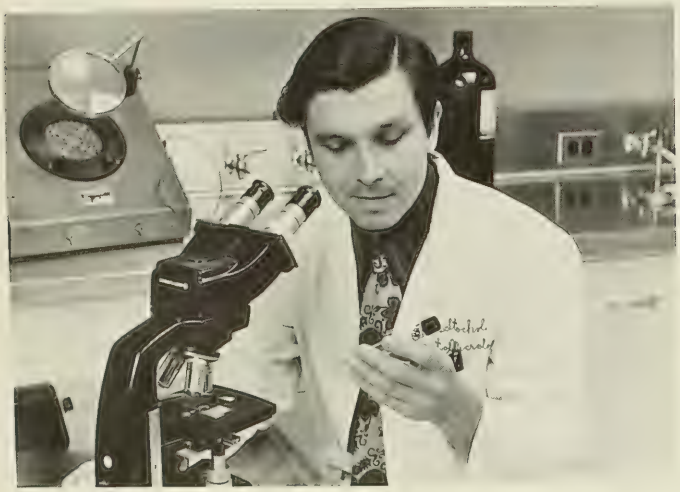
Dr. Ronald Meltzer



Dr. William Barnhurst

Dr. J. Sulman

Consultation With: MICROBIOLOGY



Dr. Robert Stockmal

Mrs. Irene Guthrie

Dr. Philip Lessig

Dr. Emma Allen

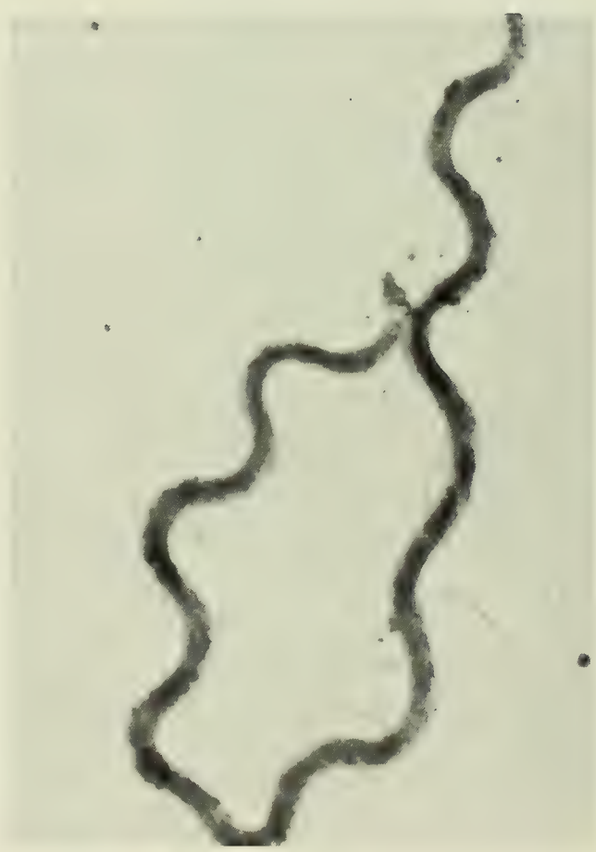
Dr. L. D'Antonio

Consultation With: DERMATOLOGY

Dr. Edwin Cressman

Dr. Walter Willis

Derm Lecture



T. Pallidum

Consultation With: CHEMISTRY

Dr. Joseph Piscetelli

Dr. Romano DeMeio

Dr. Helene Markus

Consultation With: CLINICS

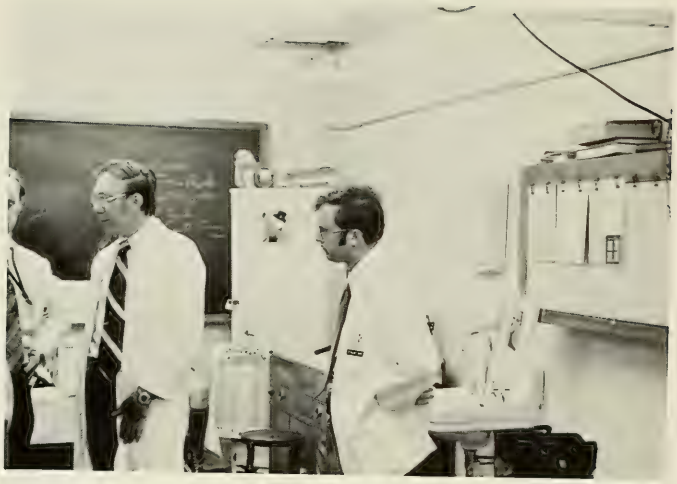
Dr. E. Masterson

Dr. John Gianforte

"48th St. Gang"

Dr. Stanley Travis

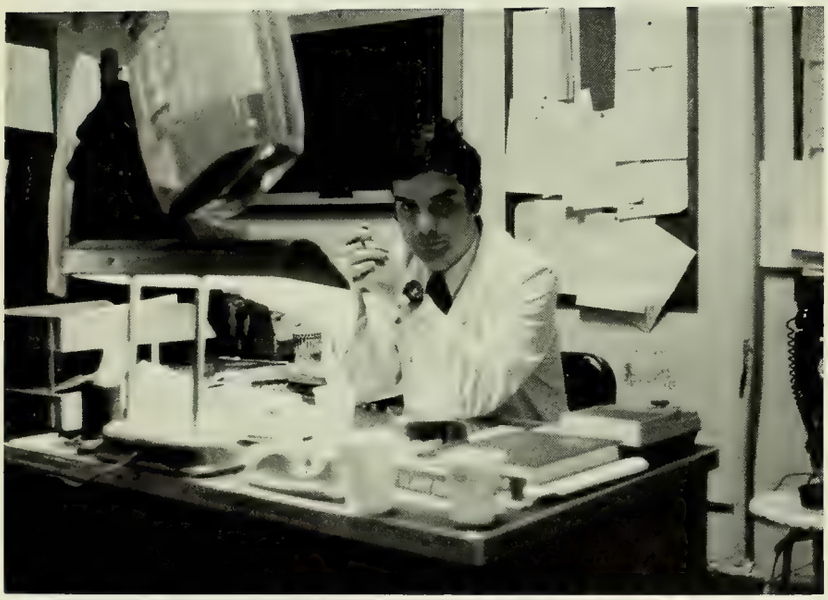
Dr. Robert Weisberg



Dr. Maurice Rosman

Dr. Mary Jane Gelnett

Dr. James Witt



Dr. Anthony Repici

Consultation With: INTERNS AND RESIDENTS

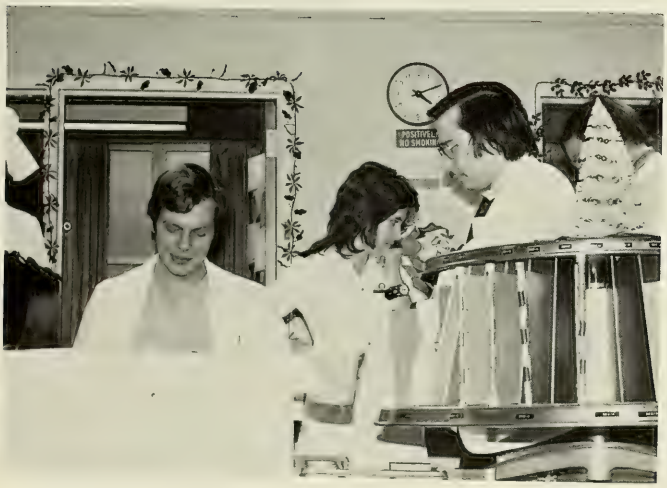
Dr. Philip Pantle

Dr. Bernard McDonnell

Dr. John Simelaro

Dr. Richard Purse

Dr. Calvin Dubrow



Dr. Edward Miskiel et al

Dr. Ronald Phillips

Dr. John Simelaro

Dr. Dominic Pisano

Dr. Willard Stitzell

Dr. Charles Schultz

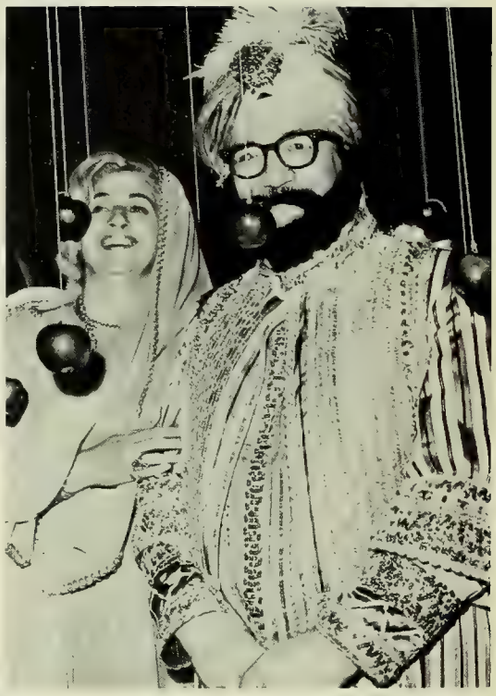
Dr. Robert Crowell

Dr. Timothy Honderick

Dr. Allan Snyder

Dr. Philip Daibert

NO CONSULTATION NEEDED!



NURSES
NOTES

"Oh, the shrewdness of their
shrewdness when they're shrewd.
And the rudeness of their rudeness
When they're rude;
But the shrewdness of their shrewdness
and the rudeness of their rudeness,
Are nothing to their goodness
When they're good."

Anonymous

Yes, That's easy for you to say!

A Day In The Life

Woke up, fell out of bed,
Dragged a comb across my head.
Found my way downstairs and drank a cup,
And looking up I noticed I was late . . .
The Beatles

Dear Diary, 11-1-73

I know this is a little wierd — only chicks are supposed to have diaries (and there's only three chances in 151 that I'm a chick) but I just had to preserve this day for posterity. As you know I'm at the 48th Street Clinic now and it rained today. You know what that means, I walked in puddles all day. No, they haven't opened the new clinic upstairs yet. Maybe the next group will be lucky but I'm still in the basement.

Anyway, what a day! The guy in the booth before me left me five appointments for today — pre-natals, neonatals and post-natals — and I added four more. I couldn't help it, they pleaded with me on the phone yesterday:

"Docta, I mus' see ya, I'm bleedin."

"Okay," I said "come right over and I'll see you."

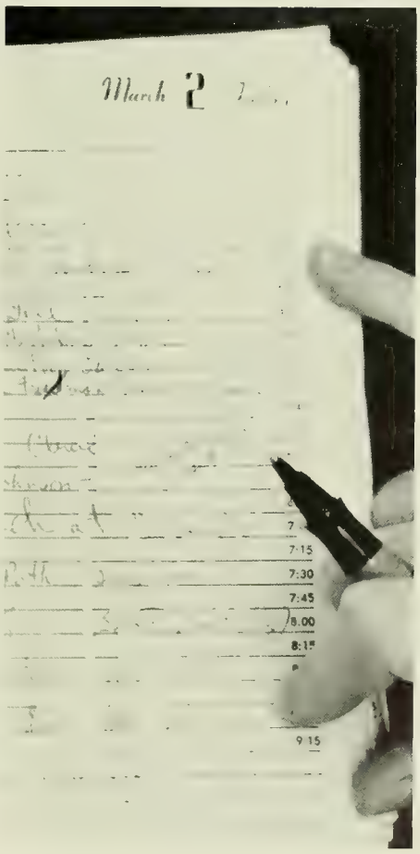
"Oh no, I's can't come in today, I'll see ya tomorrow."

"Docta, I's gotta see ya; I's can't feel nothin' in my left arm or leg."

"Docta, can I's bring my baby in. He's been coughin' fo two weeks."

What could I do I scheduled them all. I guess I'm a soft touch.

I got to the clinic at 8:30, or rather I got to the parking lot at 8:30, and then the daily battle with the attendants started. After directing me to the most distant corner of the lot, I was instructed, with much hand waving, to get closer and closer to the car next to me. Finally, the attendant was satisfied; however, I couldn't get out of my car. The door wouldn't open enough to let my black bag out, even without my body being attached to it. I had to crawl over my bucket seats and scramble out the other door just as the next poor sucker was being waved closer and closer to my car.



My first patient was waiting for me while I registered on the infamous "sign in sheet". I grabbed a detailman's doughnut, grabbed my junior and said: "No conference for us today, Doc. We've got to stamp out pestilence and disease." "Far out," said my junior.

I picked up my stack of charts and spilled my coffee all in one beautiful sweep of my overdeveloped right wrist.(Overdeveloped from all my days as a notetaker.) After many apologies all around for staining about 12 years worth of records, I took my remaining coffee, my charts, my patient, and my junior and trucked us all into my booth. As an extra added attraction, the patient's mother joined us. She was a five month pre-natal check-up (the patient not the mother) and was seen early in the AM so she could get to High School on time. Her mother had to get to work and didn't like me taking time to chew my doughnut or explain to my junior how to do a pre-natal visit.

We were standing in the back of the conference room weighing the patient with my junior holding a bottle of her urine when I told him I was gonna let him draw the blood. Diary, don't ever tell a junior he's gonna draw blood while he's holding a bottle of urine in his hand. After cleaning up that mess we went back to the booth and did it. We drew blood for a type and Rh, CBC, SMA, VDRL, FBS, BUN, PBI, T3, T4, FTI and all the other letters of the alphabet before my junior stuck me with the needle. Pray for a "non-reactive" or I'll never be able to explain it to my girlfriend (or my wife).

The next patients were supposed to be an eight week neo-nate and her eight week post-partum mother. However, they weren't there yet so we took the hypertensive, diabetic early. Needless to say, we had to wallow through about five inches of old charts since this lady has been a patient since before Orinase and she's had every pill invented since. Her blood sugar is always between 160 and 190 no matter what the new "Doctor" in the booth does to her medication schedule. So, we weighed her, BPed her, Rxed her and managed to get her out of the booth and back on the street in only 37 minutes — a modern day record for efficiency.

Our next customer, I mean patient, was a real winner, a 25 year old girl with "bumps" on her vagina. Her history read like a Gyn course: GC, PID, various colored discharges, abortions, syph, breakthrough bleeding, tubal pregnancy and finally BC pills. I wanted to have her seen in Gyn Clinic, partially for her benefit but mostly for mine. (The amount of gynecology I know could fit in a thimble. Uncle Manny's lectures/stories and assisting on two D & C's and a hysterectomy does not a gynecologist make.) Unfortunately, the Clinic was cancelled so my junior and I took her alone — with the protection of a nurse of course. This was the patient who had called and begged for an appointment stat 'cause she was bleeding. I expected her to be all anemic and dragging but she practically danced into the gyn room, and while she arranged herself on the table she told us that the bleeding from yesterday wasn't exactly bleeding but just some spotting due to trying out a new BC pill. By now she was in lithotomy and my junior and I took a look at the bumps. "Far out," said my junior. Lord only knows what they were but the nurse told me how to treat them. Admitting my limitations and not knowing if the nurse was right or wrong, I conveyed the treatment to the un-

suspecting patient.

By this time the neo-nate and mother had strolled in, so my junior and I quickly set up a gyn appointment for "bumps" and took the eight week old kid into the examing room. My junior had never done a neo-nate physical so we started going through it slowly, looking in every hole we could and being wet on by the ones we couldn't. After a thorough and detailed examination (interrupted by only three phone calls) it was decided that the baby's coughing and sneezing warranted putting off the DPT and stuff for a week. While waiting in line to get a Rx signed for the kid's cough, I pondered what it would be like to be a cab driver or climb to the highest peaks of the Himalayas and how I could get out of examining the mother. My daydreams were interrupted by cries of, "Who's next, Who's next." While the pen and signing perscriptions and order sheets galore I dropped the fateful question: "Can we do post-partum exams ourselves or do they have to be done in Gyn Clinic." As the reply of "Gyn Clinic" crossed his lips, a smile crossed mine for the first time that AM. "Far out," muttered my breathless junior.

I was explaining to the mother that we would set up an appointment for her when I heard my name called thru the humming of fans and bits of conversations in the nearby booths. "This must be the patient who called up and said she was numb on her left side," I thought. I went to pick up the ever-present pink slip with thoughts of impending CVA's, spinal cord tumors and wierd syndromes running through my brain. My junior aided the stricken woman into the booth and we opened her chart reading for clues to the progression of her symptoms. What we found was: "Patient seen for chronic complaint of the past six years of weakness in the left arm and leg. Will continue psychiatric treatment." My junior said, "I think it's time for lunch." I managed to finish up the chronic CVA just as he finished up a Paul's Delightful Deli sandwich.

A page to Telephone No. 1 filled in spare 20 seconds before Surgery Clinic and had me condemned to hear about the benefits of life insurance from "Mutual of Byhalia", a well known company specializing in policies for medical students. Pay nothing now and nothing 'til age 74 and get nothing if you die. But, here's the catch . . . if you die of Tsutsugamushi fever west of the Monogohela River between two and five in the afternoon your heirs get an all expenses paid trip to see Ursinus vs. F & M football game. I actually was glad I was paged to Surgery Clinic. This patient was no big deal, just your ordinary wound abcess post-herniorraphy.

By now I was moving in slow motion so when I picked up my next pink slip I wasn't truly happy to find that it had come in duplicate. The mother whose kid had a two week old cough had decided to bring her other kid too. I pulled rank on my junior, who had been away at Otorhinolaryngology Clinic (he hasn't learned how to say ENT yet), and told him I needed his assistance to do two patients at once. He was more than willing to help and I gave him the five month old and kept the two year old for myself. I must be a masochist, why do I consider being a pediatrician when these little kids always yell into the stethescope and try pull it out of my ears. With the tinnitus still present I remembered the holding techniques! I held both the kid's arms behind his back and squeezed 'til his fingers turned blue. I pressed his legs down to the table with my right thigh, put my left knee in his side and bite his ear (on the side away from the mother, of course). I used my free hand to hold the 'scope against his chest and got a real good listen to his heart and breath sounds, which were faint, irregular and distant (possibly due to the pain and discomfort in his hands and ribs). "Far out," said my junior noting the position. I would've listened longer but I thought I heard a rib snap and besides I was paged to Telephone No. 2.

"Is you the Docta in boof firteen," the voice asked. "I was at the 'mergency room at City Line, an' they tol' me to get a 'pointment to check ma sugar. An' I's needs some a ma water pills and pressure pills too. I ran out 'bout a couple a months ago an' I'm dizzy an' gets nosebleeds. That's why I went to the 'mergency room an' they tol' me to call my boof Docta." "Fine," I said. I didn't mean it and I gave her an appointment for the day after I leave.

Just as I got back to the pediatric menagarie, I got paged to the front desk. "Doctor, you have a new admission!" I started to complain but to no avail. "No problem is so big or so complicated that it can't be run away from," I decided. So I walked up to the patient sitting dociley in the waiting room and spoke: "Now that you've completed the first day's procedure of registering at the Clinic, we can make an appointment for your physical sometime next week." Before the patient knew what happened, I had an appointment slip in her hand and wisked her out the door. "Far out," said my junior who had witnessed the scene from afar.

We went back to the kids and tested them for oligodendrogliomas which "we see in our practice two or three times a millennium," but since they adequately performed adiadochokinesis, we gave them a clean bill of health. There wasn't even a trace of the two week old coughing disease which historically seemed to be present only at 2 AM and was related to the child sleeping on a feather pillow with many leaks. The diagnosis was confirmed when we found a feather in the kids ear and another in his nose. My junior and I conferenced and decided both kids needed DPT's and OPV's. I told him he could give the shots and expected the normal "far out" reply. He fooled me with a: "It's 3 o'clock so I'll give the OPV's and see ya tomorrow." It was my turn to mutter: "Far out".

Using the famous three seconds and duck approach, I made the kids cry and managed to save them from the three dreaded diseases: D, P, and T. More importantly I managed to avoid a round-house left from the two year old when they said good-bye. I added an "A.M.F." of my own and slumped into my booth to catch up with my chart writing in peace, finish my morning coffee and hide until the 4 o'clock check-out time. Just think Diary, I only have to go thru this for one more week and then I change rotations, the following week I start "Beds at Barth".

"OSTEOPOLY"

OBJECT: Each player (student) is to make one complete turn of the board. Each color coded quarter of the board corresponds to one year of school at P.C.O.M. After this, the player is eligable for graduation. The object of "OSTEOPOLY" is, of course, to cooporate and graduate.

STARTING THE GAME: In order to start the game, each player must open up his bone box and remove skull. The player whose skull has the most teeth goes first, the player to his left, second, etc. If none of the skulls have teeth, the player with the most complete bone box goes first.

PLAYING THE GAME: Each player in turn rolls the die and moves the corresponding number of spaces, following the directions thereon. No spaces are to be skipped unless so indicated. Note that in "OSTEOPOLY" there are more penalties than benefits. In all disputes between players, "the rule of the artery is supreme." In all disputes between students and LPN's, forget it.

CHANCE: When a player lands on "CHANCE", he is to draw a "CHANCE CARD" and follow the directions as per card. "CHANCE CARDS" are to be cut out from the adjoining page and stacked on board in the appropriate spot.

CLASS MEETING: Occasionally, i.e. every other day, the ~~student~~ PLAYER will land on "CLASS MEETING". If so, there is just nothing he can do about it but wait it out. If he has been thoughtful enough to bring a lunch and dinner, he may eat it now. Otherwise, he may feel free to expound on his particular philosophy of education, individualism, cooperation, or organized chaos. In lieu of this he may laugh at the human condition, and at himself for staying.

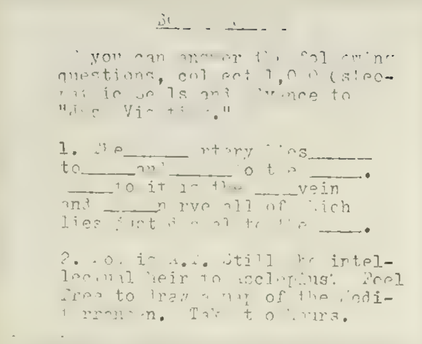
RUMOR: If a player lands on "RUMOR", he must make up a rumor and tell the other players. If they believe him, he gets a free turn and all their Osteopathic Seals. If not, he is the topic of the next "CLASS MEETING."

WINNING THE GAME: All players who make one complete rotation of the board, according to the rules, win the game. You may not be original, but at least you're a winner.

THIS IS YOUR OWN PERSONAL COPY OF THE OSTEOPOLY GAME

MENS ET MANUS

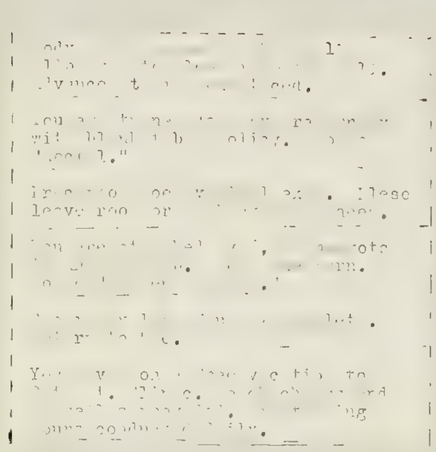
CHANCE CARDS

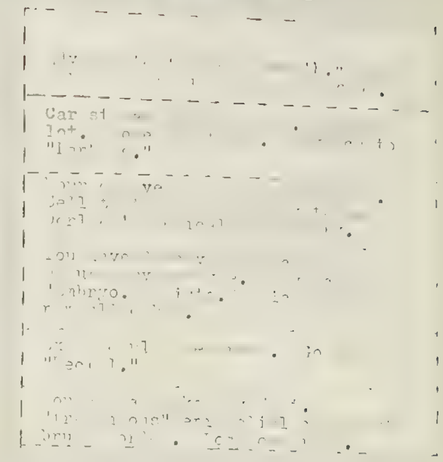


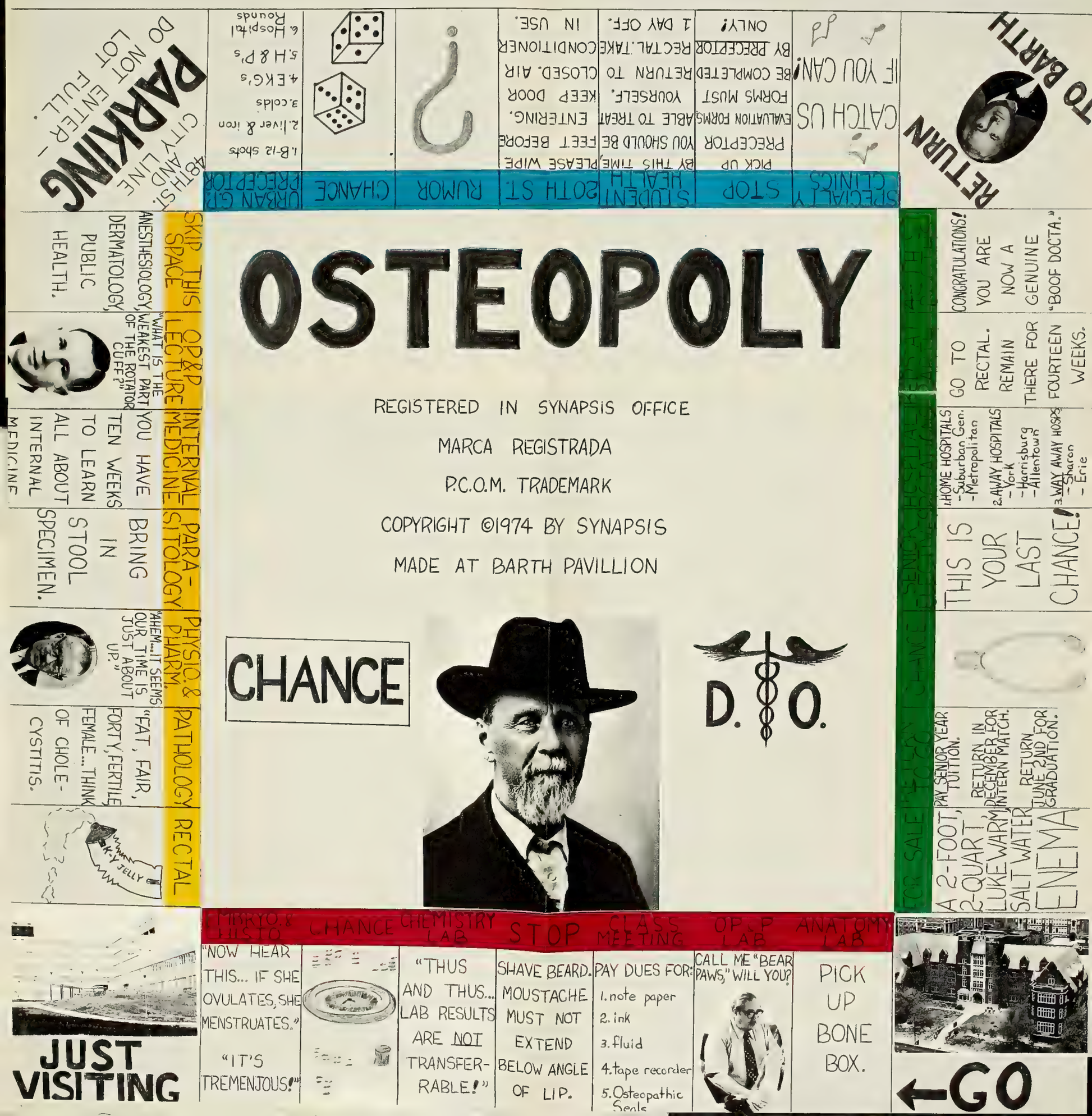
3. list the ten leading causes of death in South Africa from 19[illegible] to 19[illegible] in reverse alphabetical order. Along this, list the blood constituents and their normal values as outlined in your Chiapolio in "Anatomy Notes."

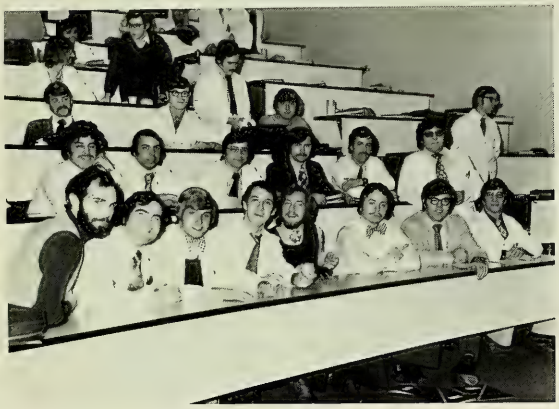
4. The argument that osteopathic physicians believe.
a) osteopathic technique
b) allopathic technique
c) osteopathic technique
d) all of the above

5. Osteopathic medicine is:
a) an art
b) a science
c) [illegible]
d) all of the above









Neonatology Society

Bariatric Society

Radiology Club

Society

E.N.T.

Club

Orthopedic

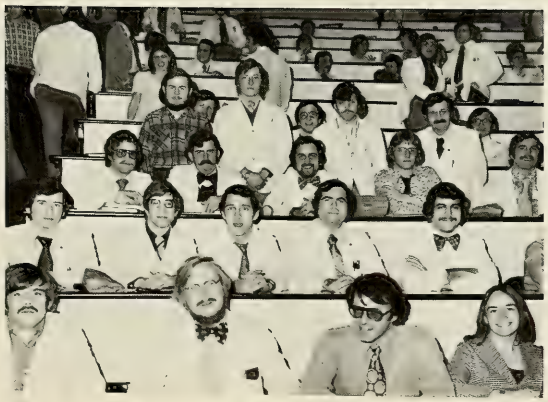
Society

Dematology

Society

Proctology Club

Anatomy Club



Physiological Chemistry Society

Microbiology

Club

Pediatrics

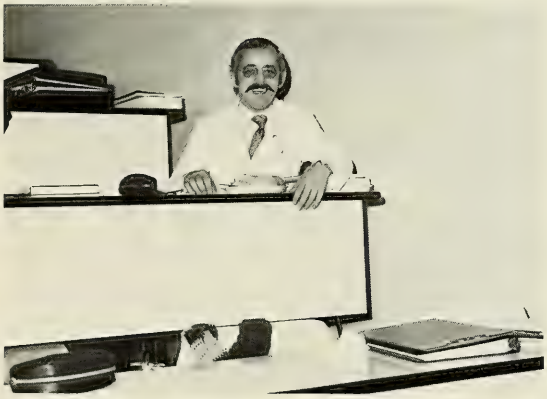
Society

Surgery

Society

Ob-Gyn

Society



Anesthesia

Club

Others Interested

in Anesthesia

Psychiatric

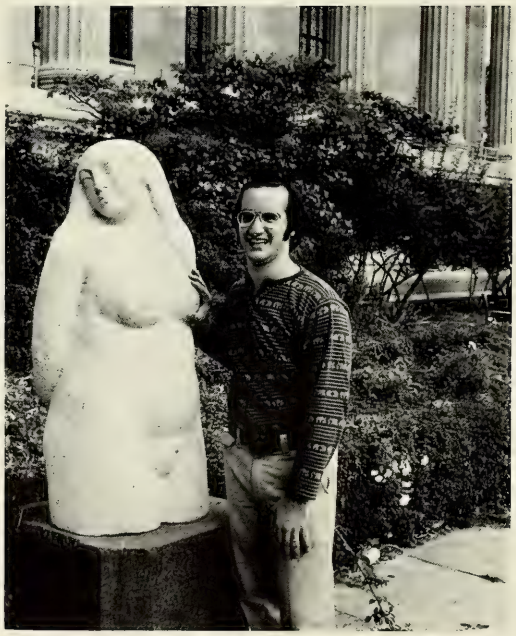
Society

Cranial Manipulation

Society

Papanicalou
Society

Honor Society

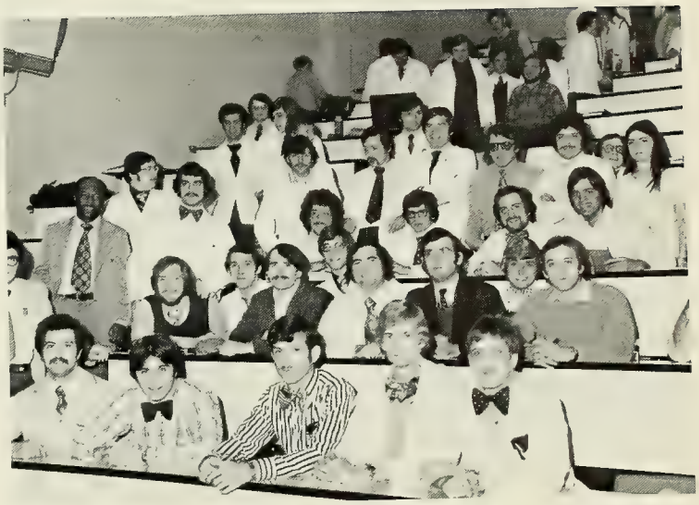


Thoracic Society

S.O.M.A.

Student

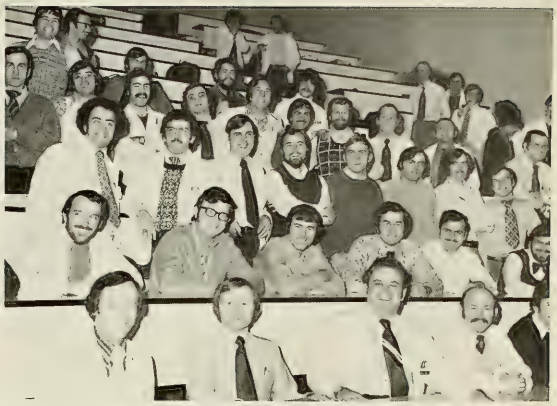
A.O.A.



Undergraduate Academy

of Applied Osteopathy

Lamda Omicron Gamma



Phi Sigma Gamma

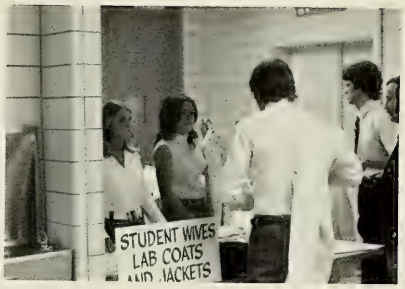
Iota Tau Sigma

Atlas Club

"And then John Reached out
toward Marsha, suddenly
Ripping off her . . ."

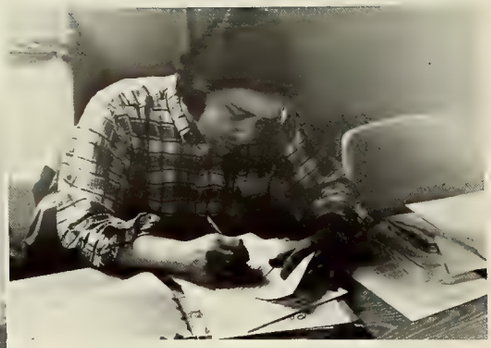
STUDENT WIVES ASSOCIATION
1974

This year PCOM graduates its largest class and SWA will graduate 41 fourth year wives. We have pushed carts in the halls of 48th St., sold clinic coats, given away doughnuts in Evans lounge, and wined and danced with some of the best D.O.'s P.C.O.M. has produced, i.e. our husbands!



Les Ruppersberger
Editor-in-Chief

Steve Krathen



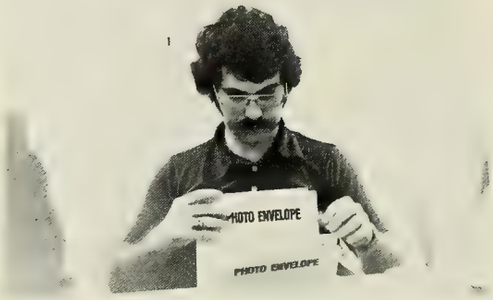
Maury Singer

Rich Tucker

Mike Ziev

Andy Meshekow

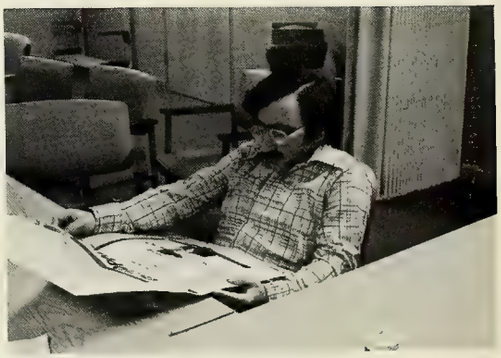
Jerry Olshan



Tom Baker

Neil Tytler

Mitch Edelstein



Nick Tretta

HISTORY &
PHYSICAL

"I expect to pass through this world but once. Any good therefore that I can do, or any kindness that I can show to any fellow creature, let me do it now. Let me not defer or neglect it, for I shall not pass this way again."

Anonymous

Provisional Diagnosis: ACUTE ANXIETY REACTION - Resolving

Admission Less Than 24 Hours? Yes _____ No X

Chief Complaint NONE Present Illness ALMOST OVER Past History Following Family History NOT SURE!

HISTORY OF HOSPITALIZATION

CC | NO COMPLAINT AT ALL; ACTUALLY SUBJECT IS EXTREMELY ANXIOUS AND THANKFUL FOR HIS UPCOMING DISCHARGE.

HPI | SUBJECT WAS FIRST ADMITTED TO THE INSTITUTION 48 MONTHS AGO WITH MAJOR COMPLAINTS OF ANXIETY, MIDEPIGASTRIC PAIN, PROFUSE DIAPHORESIS AS WELL AS DIARRHEA, ALL BECAUSE THE SUBJECT DESIRED TO BE A MEMBER OF THE MEDICAL PROFESSION.

THE SUBJECT WAS ADMITTED TO THE INSTITUTION DESPITE HIS SYMPTOMS, MOST OF WHICH SUBSIDED TWO TO THREE WEEKS AFTER ADMISSION, I.E. ONCE THE SUBJECT REALIZED THAT HIS GREEN PAJAMAS WOULD PROVIDE HIM WITH ANONYMITY. THE SUBJECT REGRESSED FOR THE NEXT NINE MONTHS QUITE SATISFACTORILY WITH ONLY OCCASIONAL EXACERBATIONS OF HIS SYMPTOMS EVERY TIME THEY GAVE HIM "TESTS" WHICH AT TIMES PROVED TO BE QUITE FRUSTRATING. DURING THESE NINE MONTHS, THE SUBJECT SAT QUIETLY AND CALMLY FOR 8-9 HOURS PER DAY ON HIS DERRIERE (WHICH WAS NUMBERED) WAITING FOR "REAL" PATIENT CONTACT, WHICH FINALLY CAME WHEN A PSYCHIATRIC PATIENT (WHO WAS OBVIOUSLY MORE SANE THAN OUR SUBJECT!) WAS MASS-INTERVIEWED. AT THE END OF A FATIGUING AND NOT TOO RECUPERATIVE NINE MONTHS, OUR SUBJECT WAS GRANTED A LEAVE OF ABSENCE.

THREE MONTHS AFTER OUR SUBJECT TOOK A LEAVE OF ABSENCE, HE PRESENTED HIMSELF TO THE SAME INSTITUTION (PROBABLY BECAUSE HE MISSED THE FOOD!?). HIS SECOND ADMISSION PROVED TO BE MORE OF A STRAIN ON HIS PHYSICAL PERSON AS HE HAD TO SPEND MORE TIME IN CONFERENCES AND TESTING THAN THE AVERAGE PATIENT

History taken by Joseph Gannon, Jr. Intern

Date elicited JUNE 1, 1974

HOSPITALS OF
PHILADELPHIA COLLEGE OF OSTEOPATHIC MEDICINE
F. H. BARTH PAVILION (X) 48TH ST. ( ) HISTORY

Interim History - Continued

spends in the halls of an X-ray department. He also experienced during this time several schedule changes, as well as patient identity changes, in the institution's program, but still he managed to survive, but only at the expense of his physical and mental well-being. Our subject was granted another leave of absence after another ten months with a 35-lb weight gain, excessive sacral edema, extreme weakness and lethargy, and a look that 10 years aging would not account for. During his leave of absence, our subject sought "help" and "information" at various outside institutions, but to no avail as he did not receive permanent relief of his symptoms.

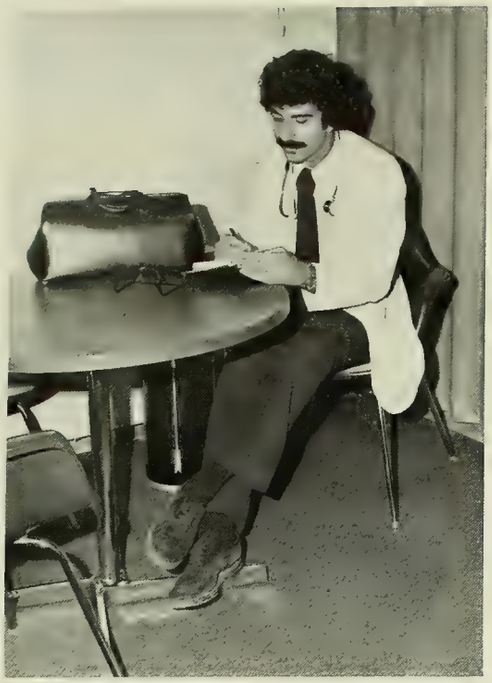
Our subject therefore returned to the institution, admittedly in better condition than when he had left, but still suffering from an insatiable desire of wanting to practice medicine. Well, this was it, or so he was told, as for the next ten months he would go through a new trial therapy of "practicing medicine" on an outpatient basis. Only one problem stood in the path of our brave young, but aging patient, i.e. he didn't know anything about practicing medicine. For the next 10 months our subject subsisted on B_{12} and steroids (for whatever ails you), on long but unproductive psychiatric sessions, on selectives (which are usually assigned) with various specialists and finally weeks of inactivity at the specialty clinics at the 20th street and 48th street branches of the institution. This time, however, our subject was not granted a leave of absence, despite the fact that he was experiencing an acute sensation of emptiness, both of spirit and of wallet.

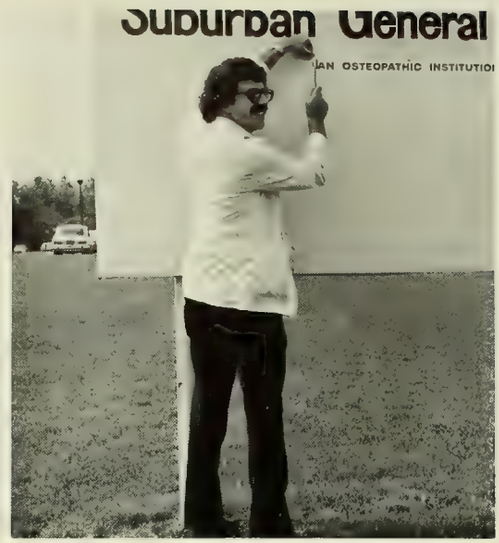
Rather, he was injected into an intensified 12-month program. Our subject actually began to feel better and had some remission of his symptoms on spending

12 WEEKS OF THIS PROGRAM AT "AWAY" HOSPITALS. HOWEVER, THESE SYMPTOMS WERE ACUTELY EXACERBATED UPON THE PATIENT'S LEARNING THAT HE HAD TO RETURN TO THE INSTITUTION AND ITS 48th ST. BRANCH FOR ABOUT 20 WEEKS FOR FURTHER TESTING AND OBSERVATION (A SORT OF JUNIOR INTERNMENT). THESE 20 WEEKS WERE NOT WITHOUT FRUSTRATION OR DEPRESSION; AS A MATTER OF FACT THEY WERE MOSTLY FRUSTRATION AND DEPRESSION.
BUT NOW IT IS ALL OVER BUT THE SHOUTING. IT HAS BEEN AN INTERESTING FOUR YEARS FOR OUR SUBJECT. YEARS THAT WILL NEVER BE FORGOTTEN FOR THE EXPERIENCES, THE MEMORIES, THE ACQUAINTANCES, AND ESPECIALLY THE LOANS WHICH OUR SUBJECT WILL BE PAYING FOR THE NEXT 10 YEARS. OUR SUBJECT HAS PUT ON SOME WEIGHT, AND IS CONSIDERABLY MORE POOR MATERIALISTICALLY, BUT RICHER IN KNOWLEDGE. OUR SUBJECT IS "CONTENT" AND HE KNOWS MORE ABOUT MEDICINE THAN HE DID FOUR YEARS AGO (IF THAT IS ANY CONSOLATION), AND HIS DISCHARGE WILL GIVE HIM THE PAPERS WHICH PROVIDE HIM WITH THE UNIQUE OPPORTUNITY TO GO OUT AND PRACTICE WHAT HE HAD ALWAYS DESIRED.

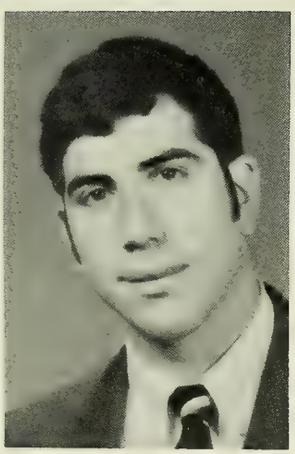
A RECENT PHYSICAL FOLLOWS:

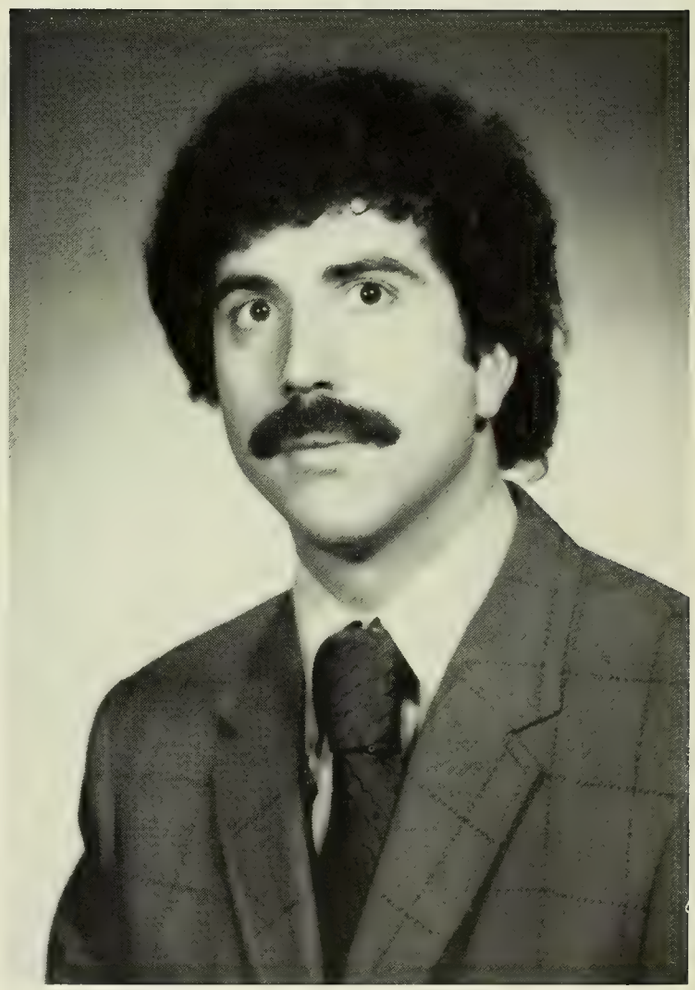
J. Cannon MD





Jack Abarbanel





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Mark I. Ackerman

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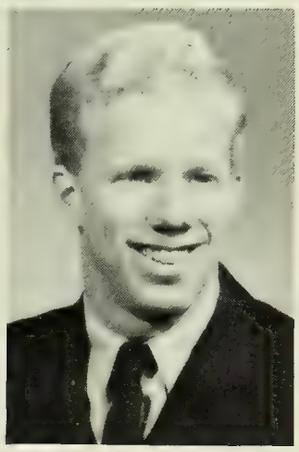
Philip M. Andress D.



PHILIP M. ANDRESS, D.O.
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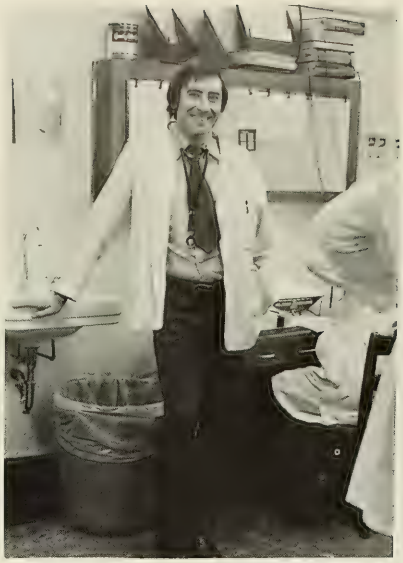

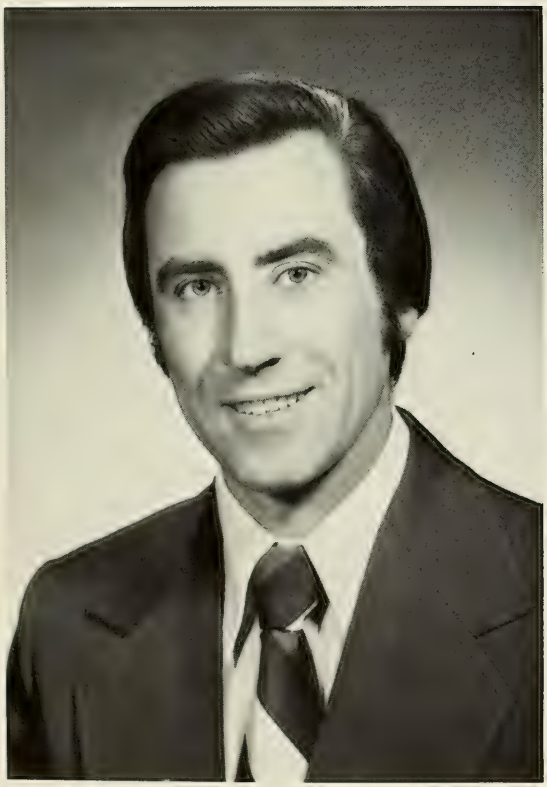

Charles T. Andrews

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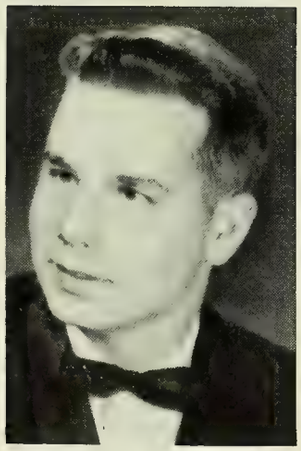
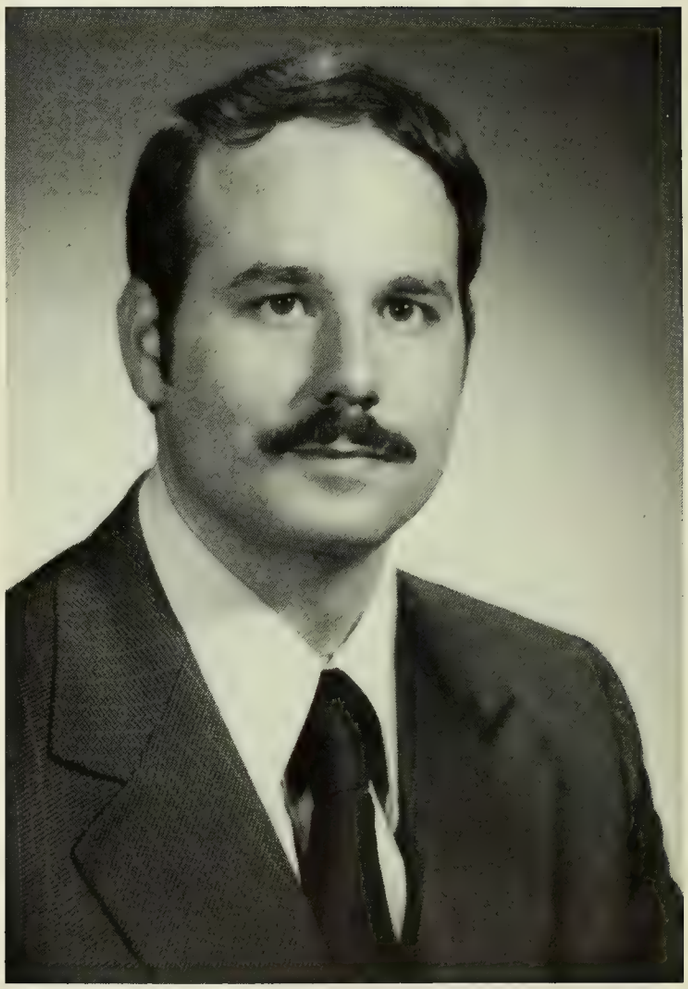
Larry A. Antolick





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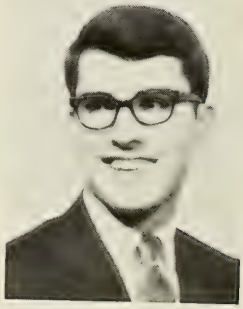

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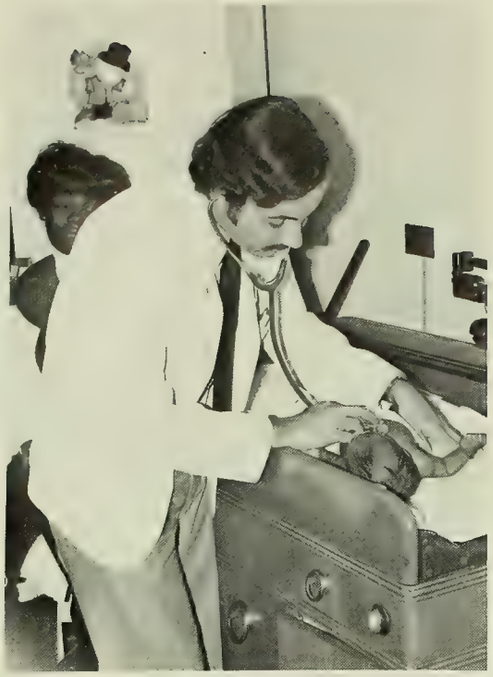
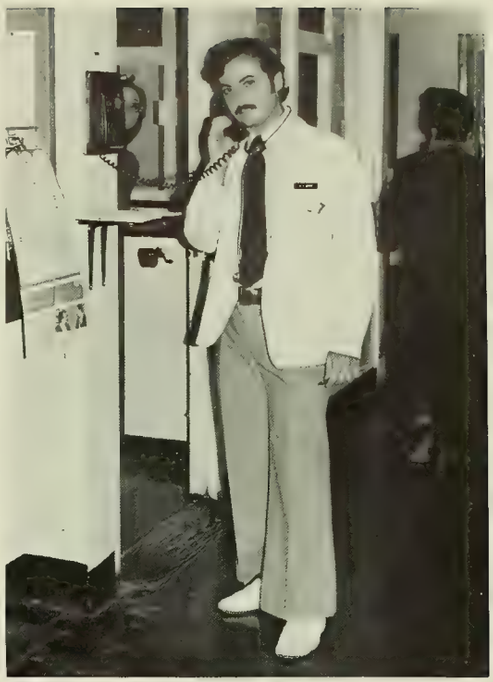
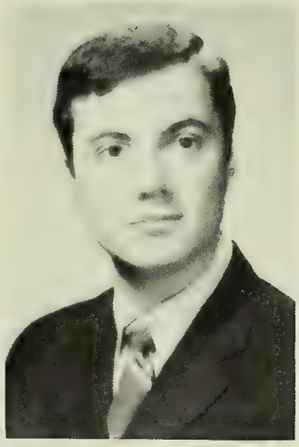
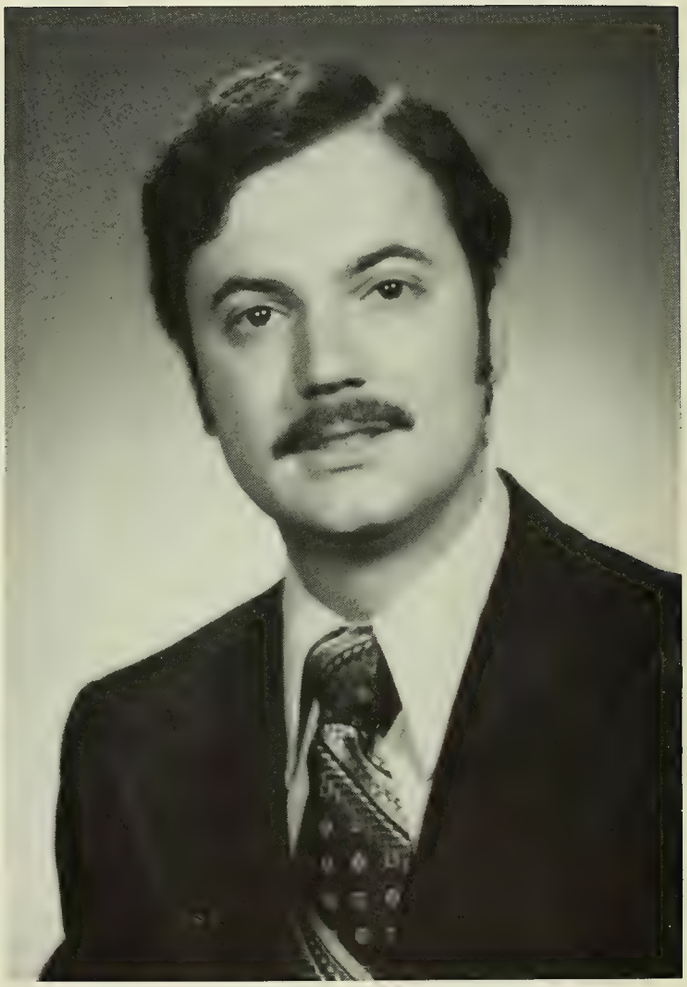




Donald A. Barone





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Barbara Ann Battalino

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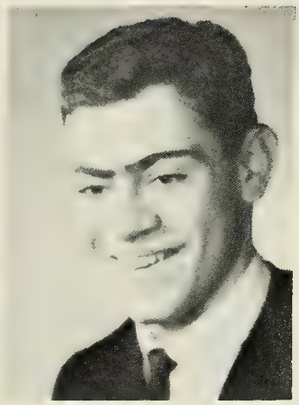
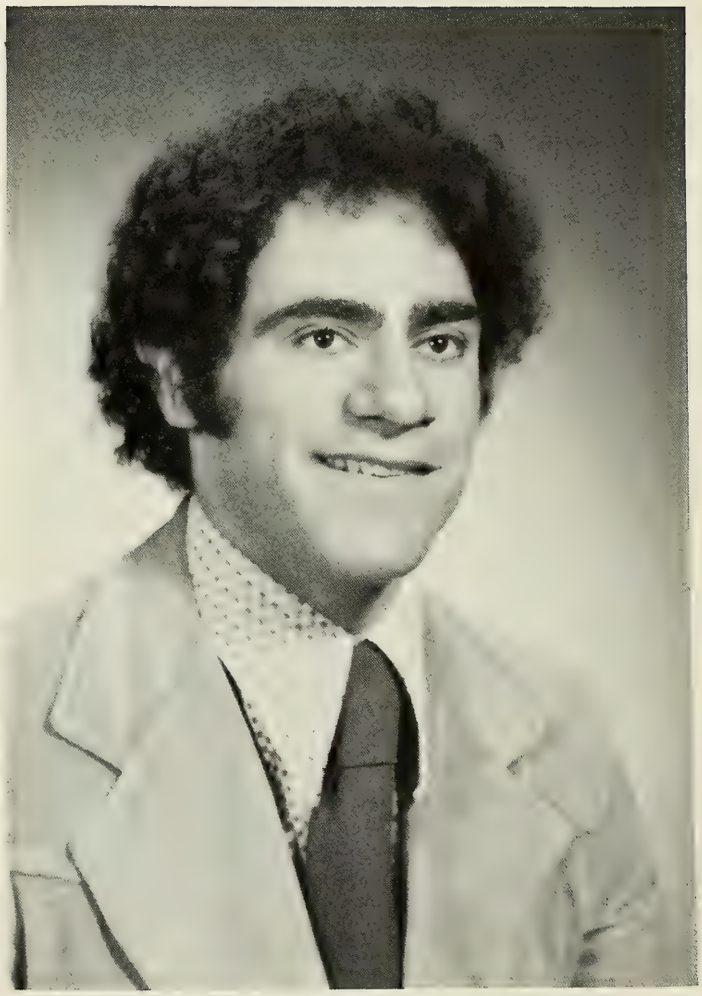
John J. Battalino





JOHN J. BATTALINO, D.O.
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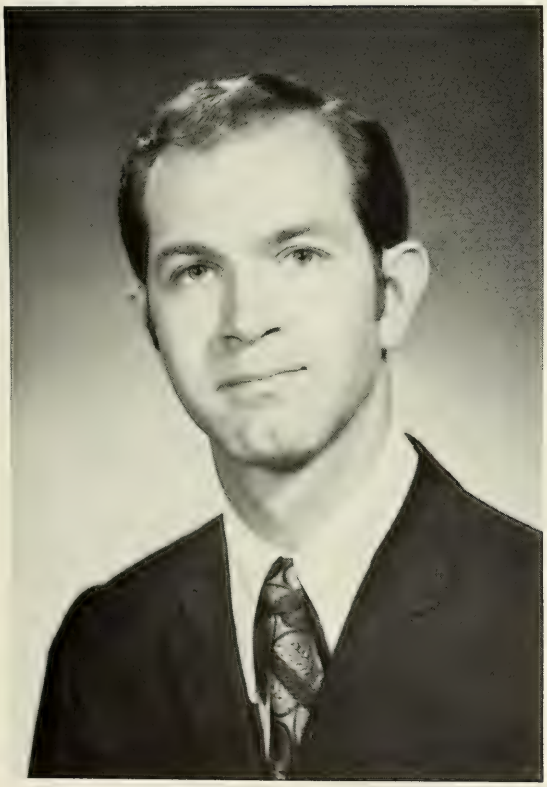
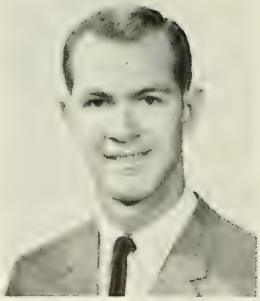


Luther E. Beil



LUTHER E. BEIL, D.O.
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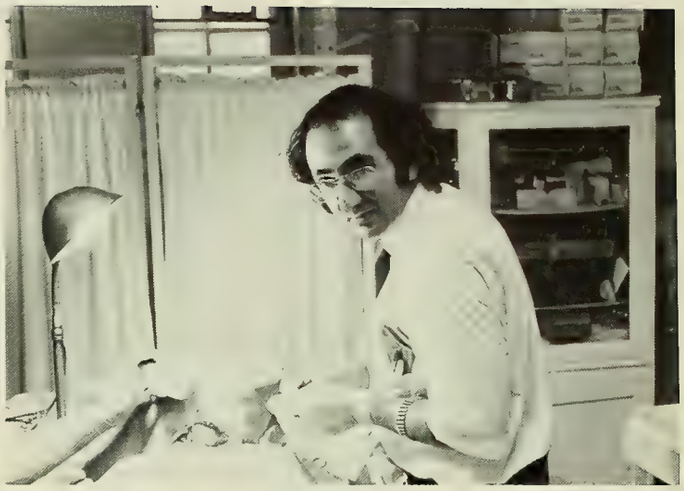
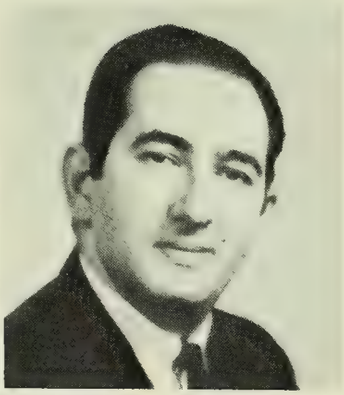
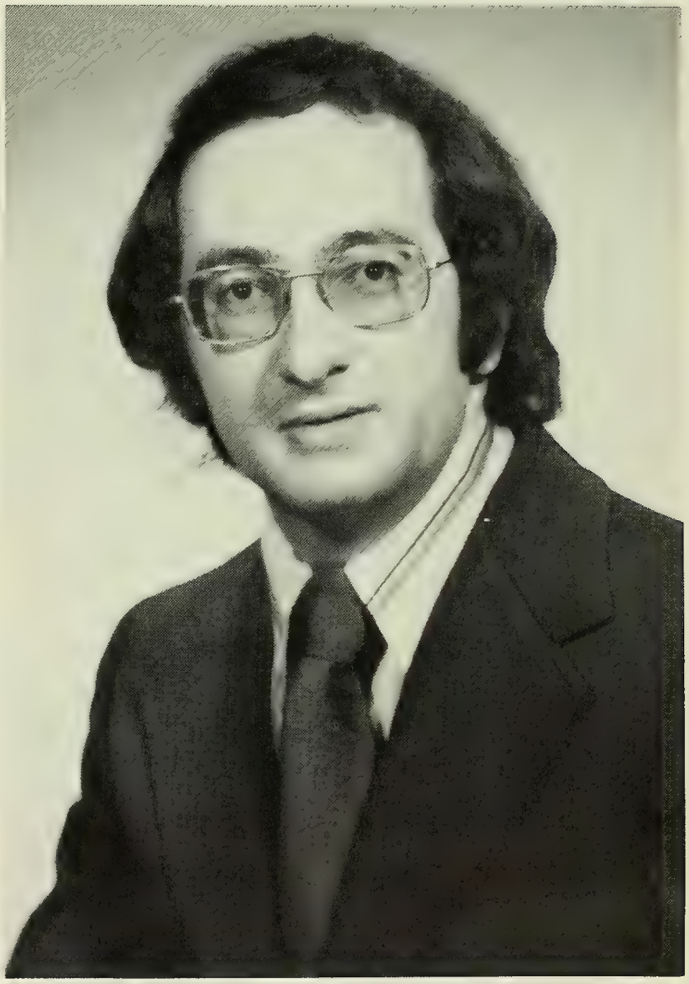
B.S. in Pharm, Temple U.



Joseph W. Bell, Jr.





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Anthony Benedetto

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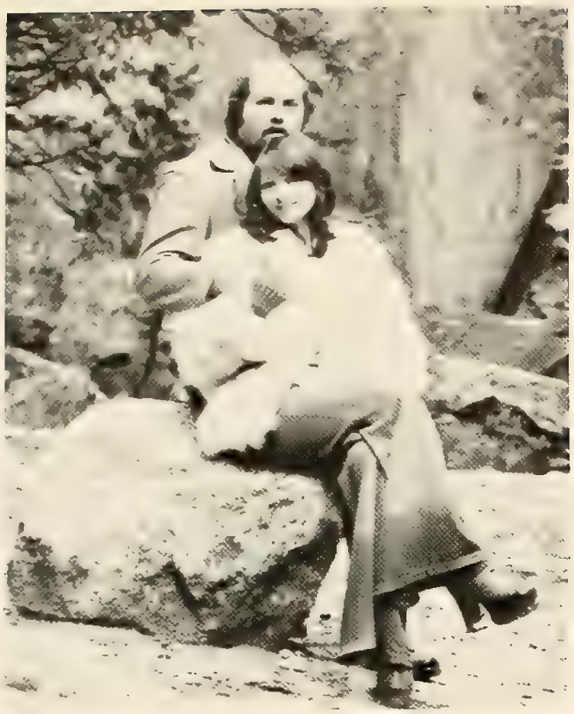

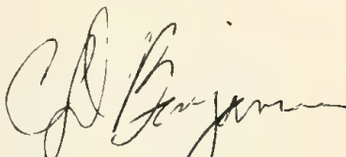

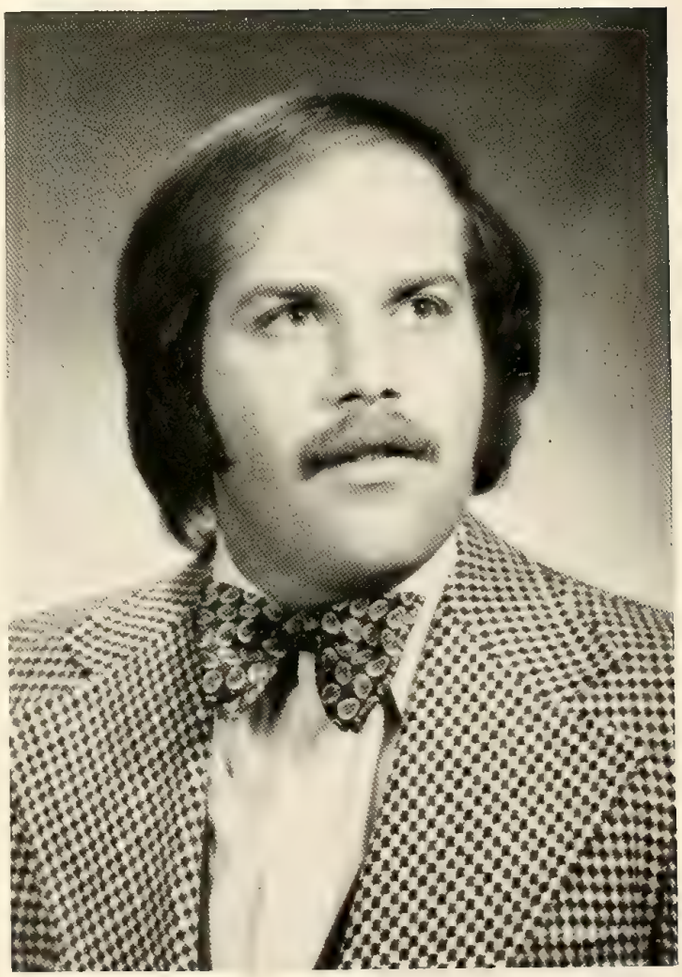

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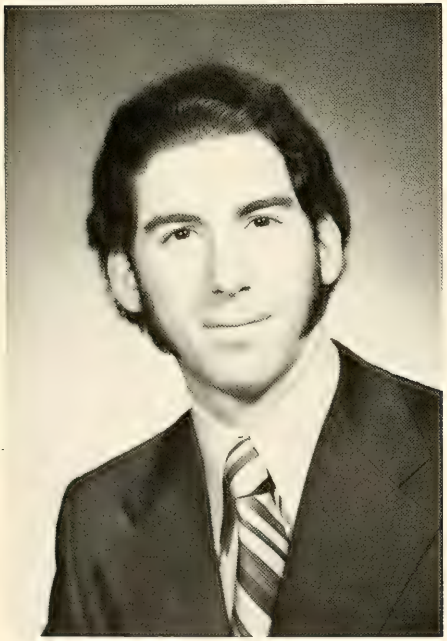

Harvey S. Benn

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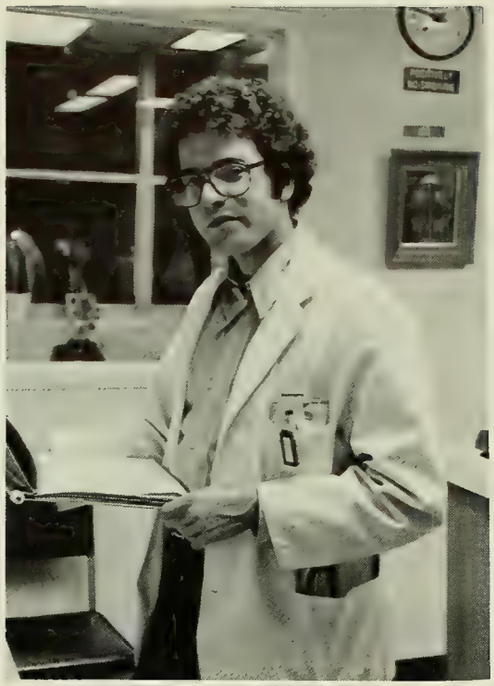
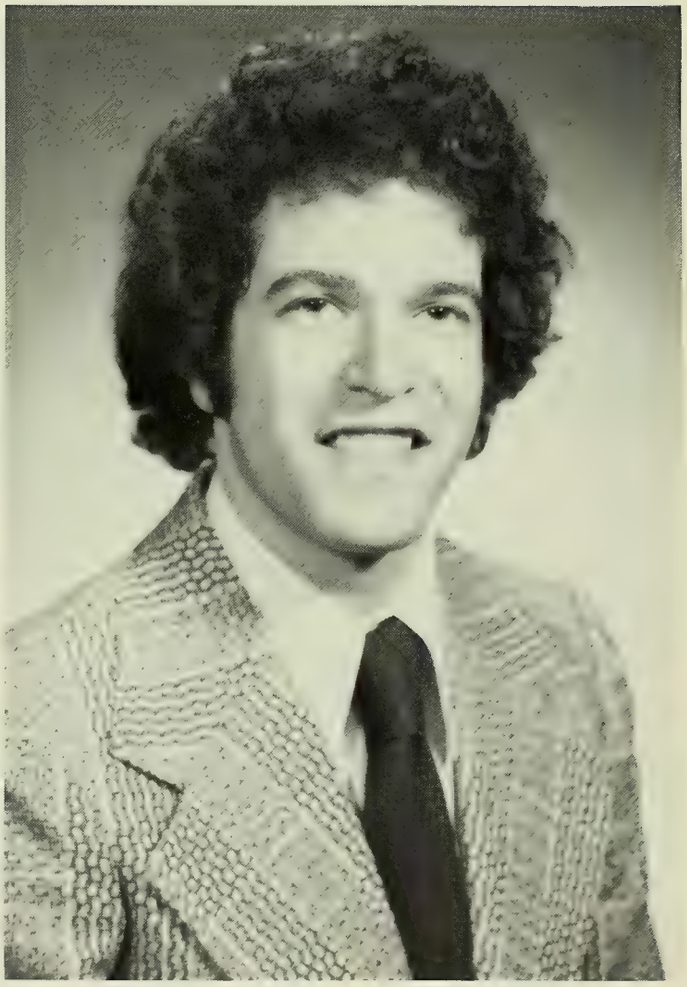


Neil Jon Berger



NEIL JON BERGER, D.O.
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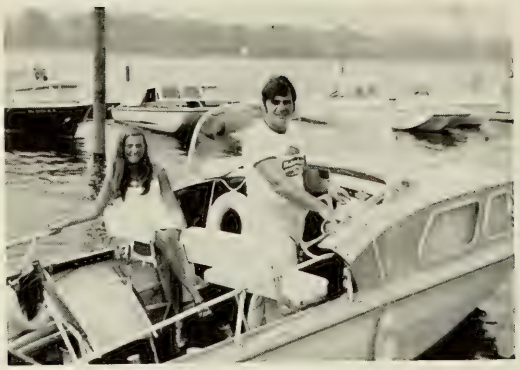

CHARLES M. BOLNO, D.O.
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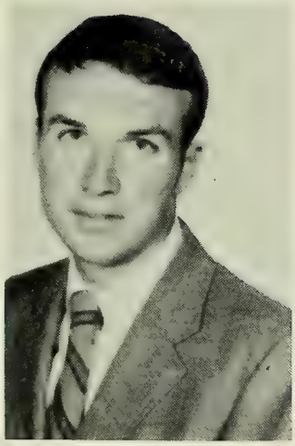
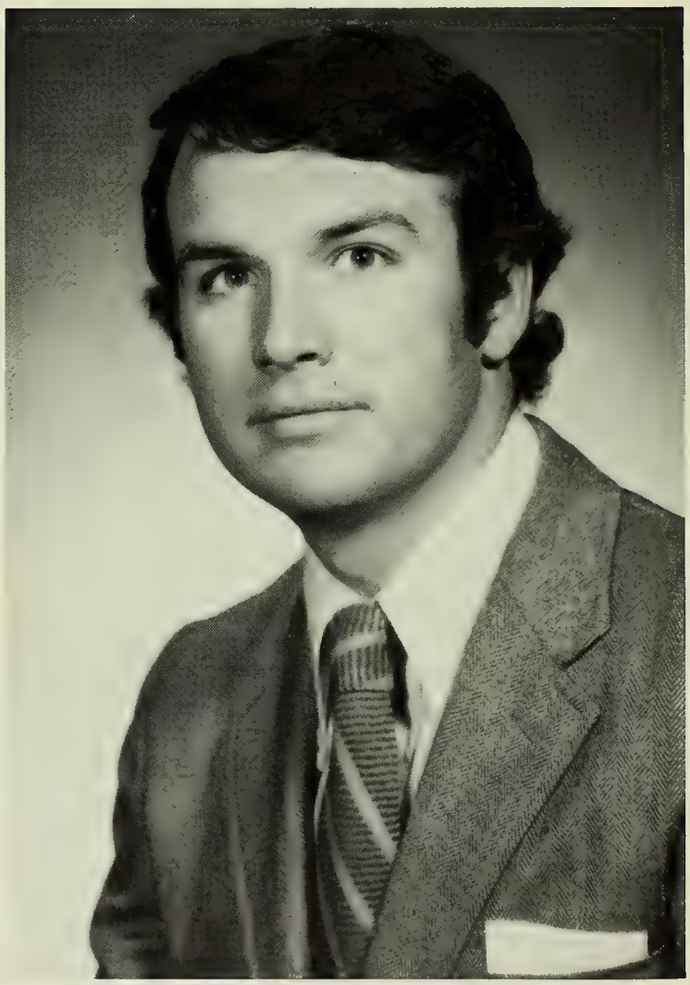
H. William Bonekat





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Graduating
But Not
Photographed

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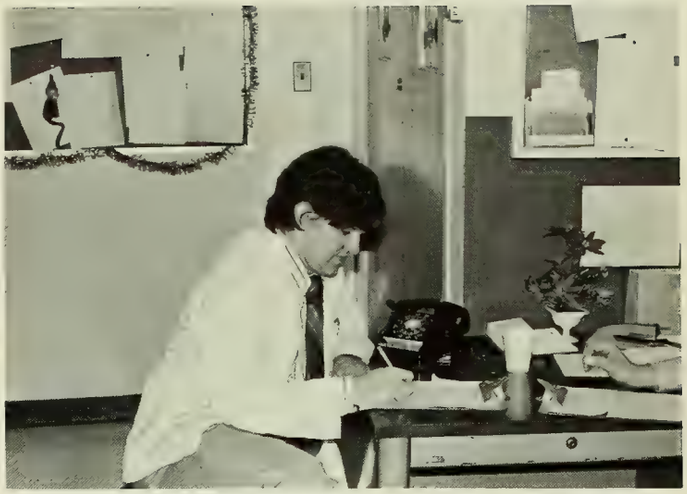
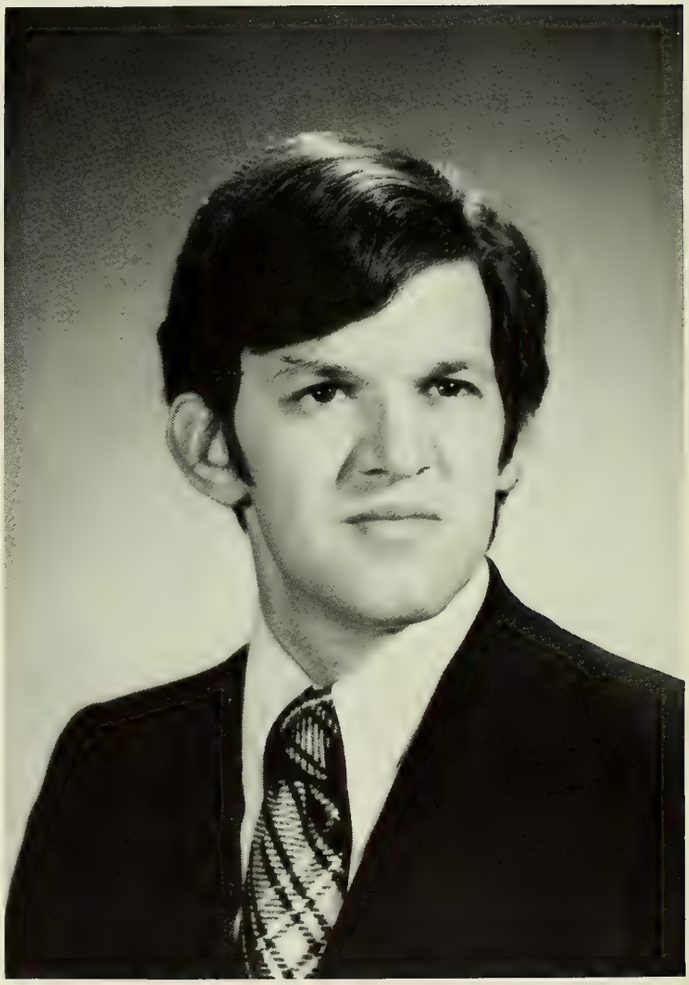


Thomas V. Brislin



THOMAS V. BRISLIN, D.O.
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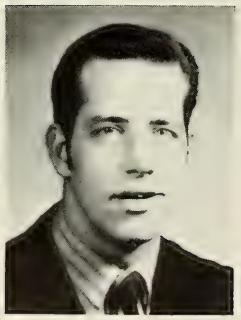
Frank J Brooks



FRANK J. BROOKS, D.O.
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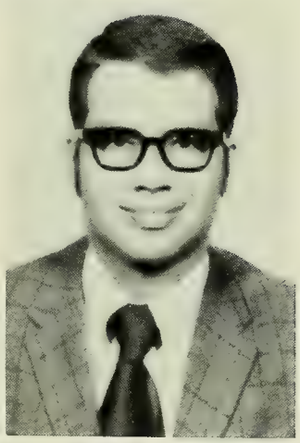
Avrom S Brown



AVROM S. BROWN, D.O.
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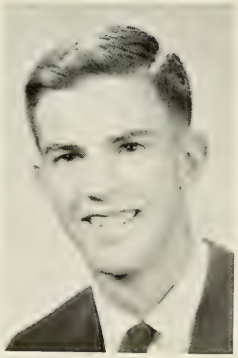
William P. Brown



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B.S., University of Rochester

Graduating
But Not
Photographed

Daniel B. Brubaker, D.O.
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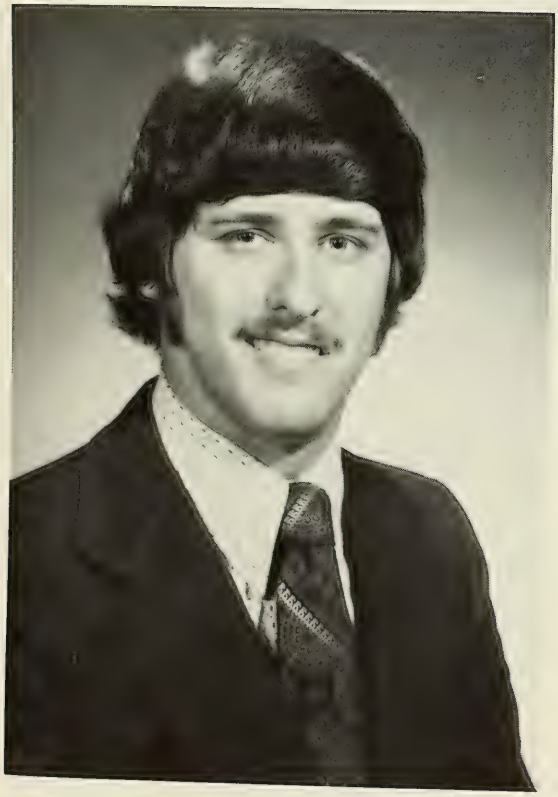

David Bruce

DAVID E. BRUCE, D.O.
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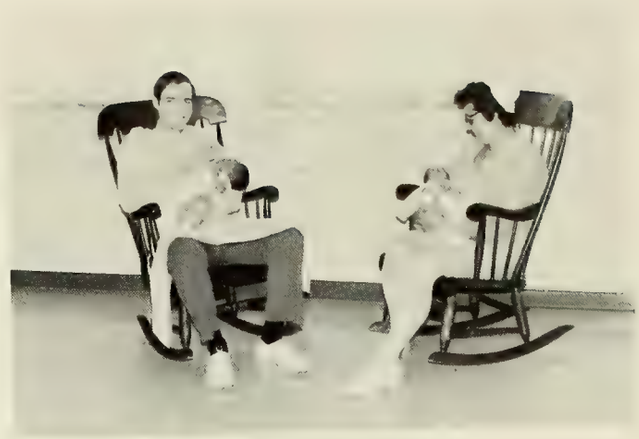
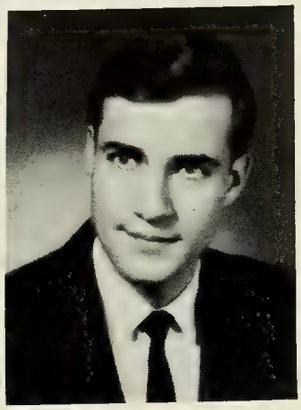
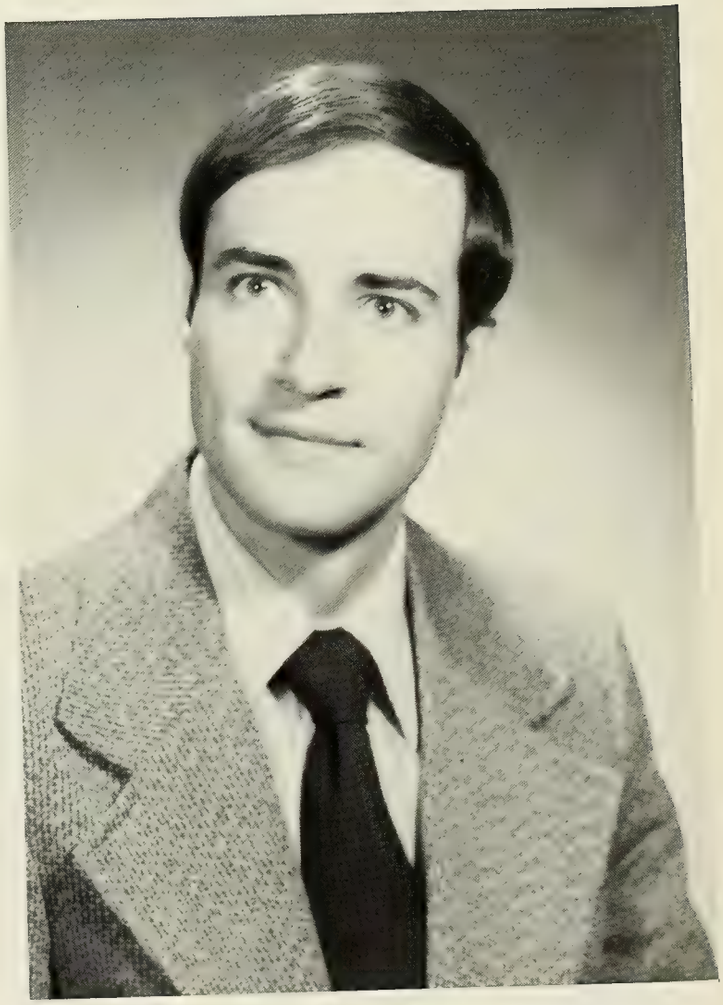


Harry John Bruley





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Wayne R. Buchwald

WAYNE R. BUCHWALD, D.O.
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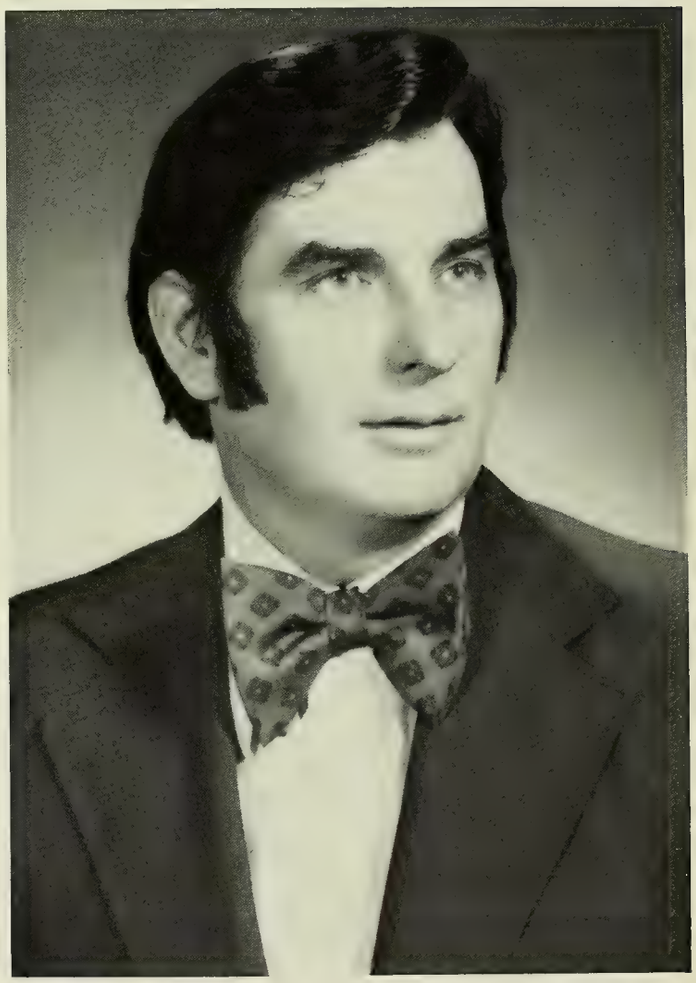
B.S. U. of Pittsburgh

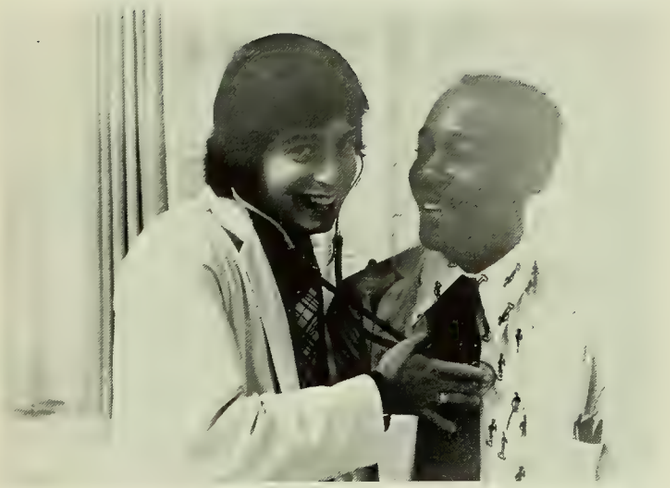
James Byrne

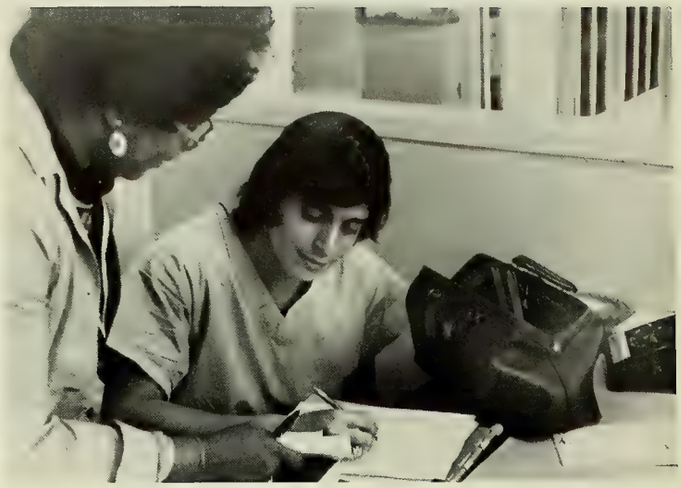


JAMES J. BYRNE, D.O.
Philadelphia, Penna.
A. B., Rutgers State University

Dennis W. Cakouros

DENNIS W. CAKOUROS, D.O.
Johnstown, Penna.
B.S. U. of Pittsburgh

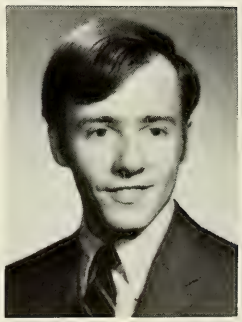




Avrim Cantor

AVRIM CANTOR, D.O.
Philadelphia, Penna.
A.B., C.W. Post College

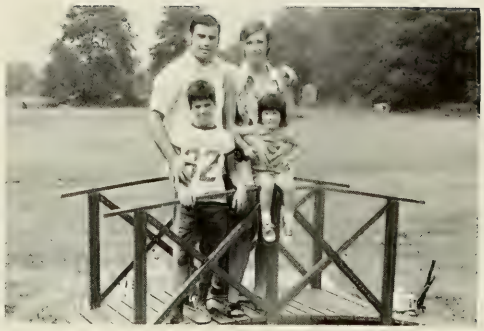
Vincent F. Carr



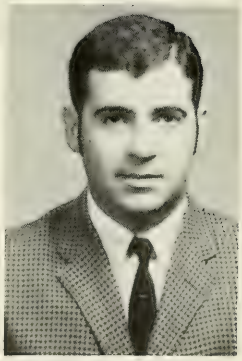
VINCENT F. CARR D.O.
Philadelphia, Penna.
A.B., LaSalle College

William E. Carroll

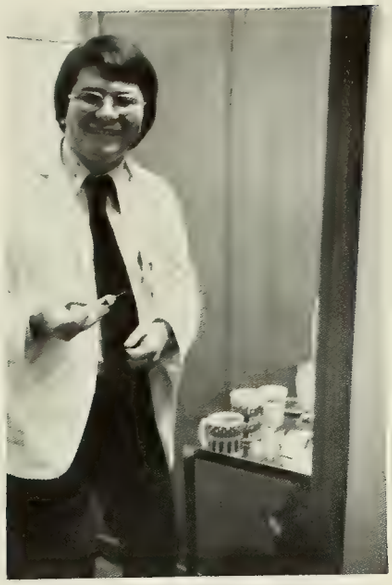
WILLIAM E. CARROLL, D.O.
Saratoga Springs, N.Y.
B.S. Indiana Institute
of Technology



Leon M. Cattolico

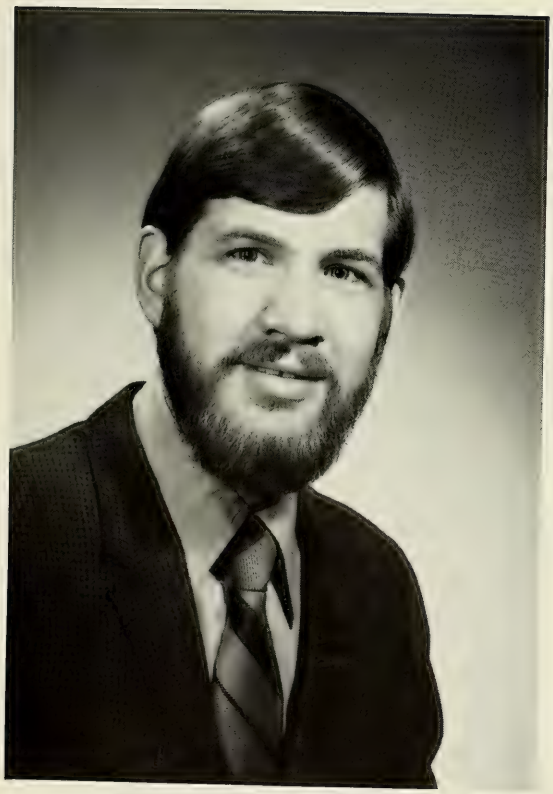


LEON M. CATTOLICO, D.O.
Philadelphia, Penna.
B.S. in Pharm, Temple U.



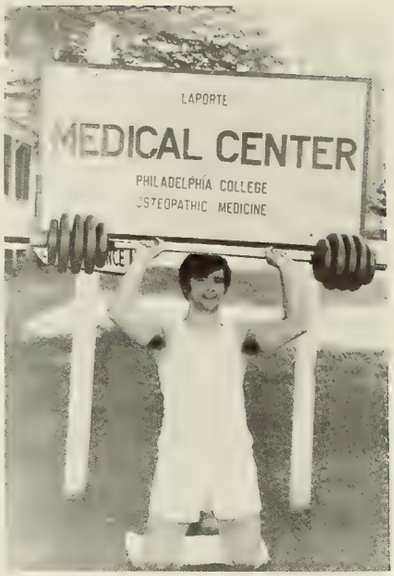
George O. Chatyrka

GEORGE O. CHATYRKA, D.O.
Collingswood, New Jersey
A.B. Rutgers — State U.

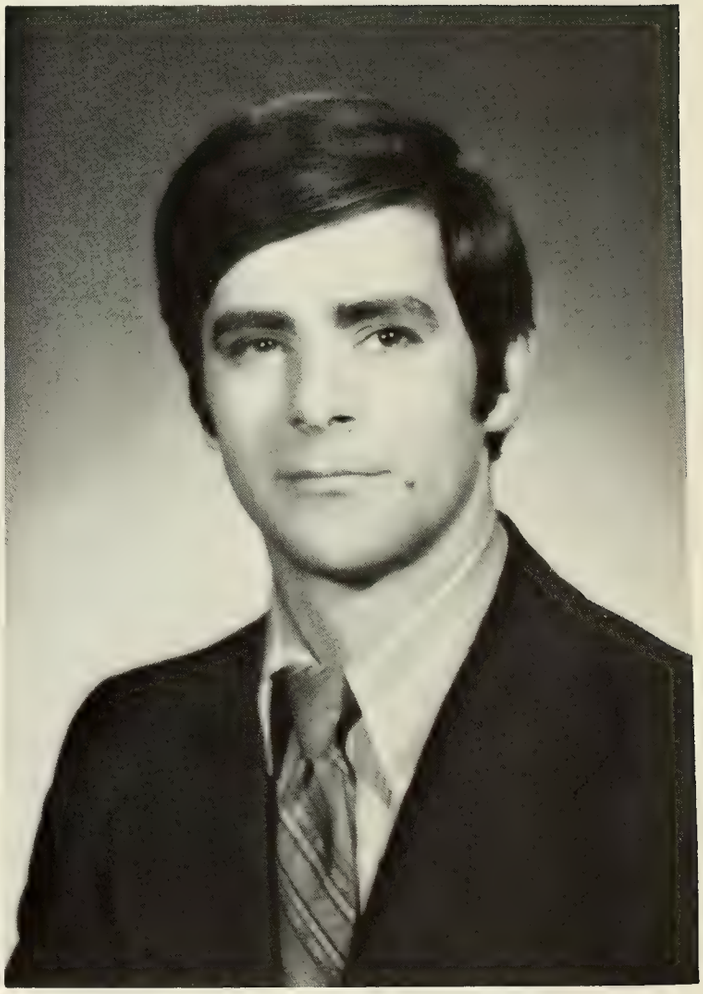


David H. Clymer

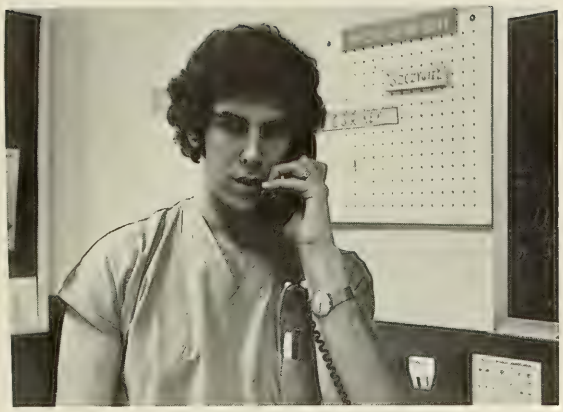
DAVID H. CLYMER, D.O.
Lancaster, Penna.
B.S. Millersville State College

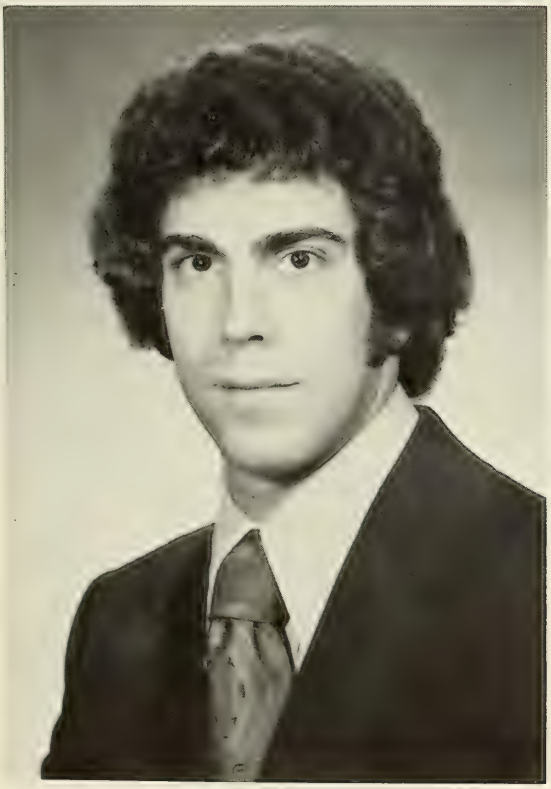


Irving M. Cohen



IRVING M. COHEN, D.O.
Philadelphia, Penna.
A.B. Temple U.

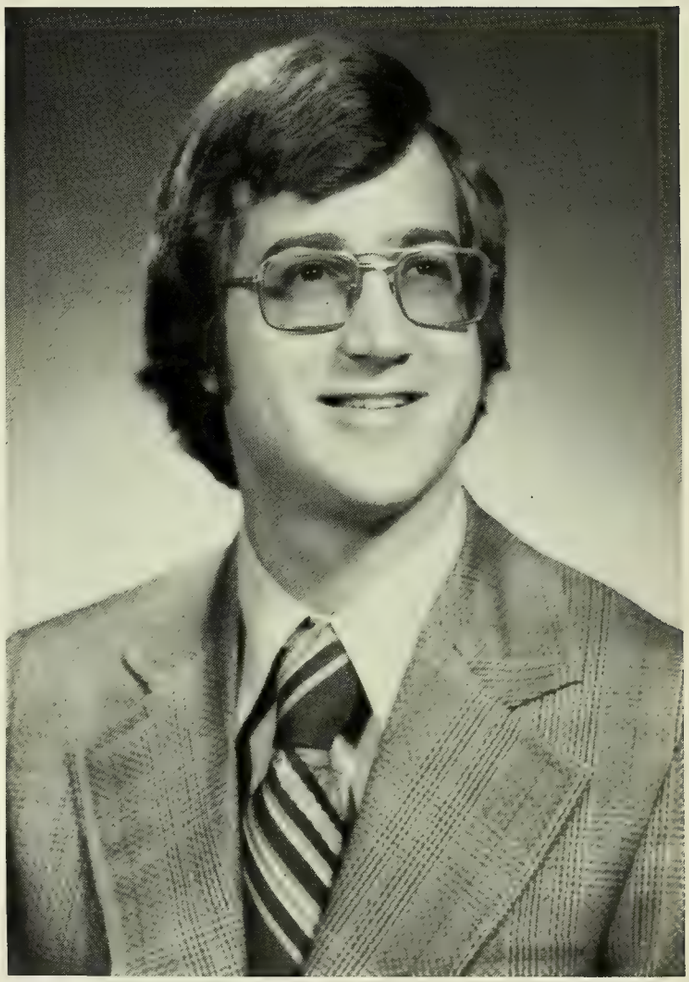




Jerry Cohen

JERRY A. COHEN, D.O.
Broomall, Penna.
A.B., Temple University

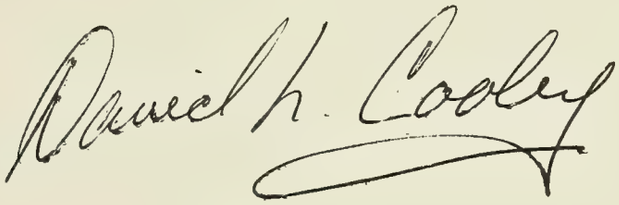
Larry W. Cohen



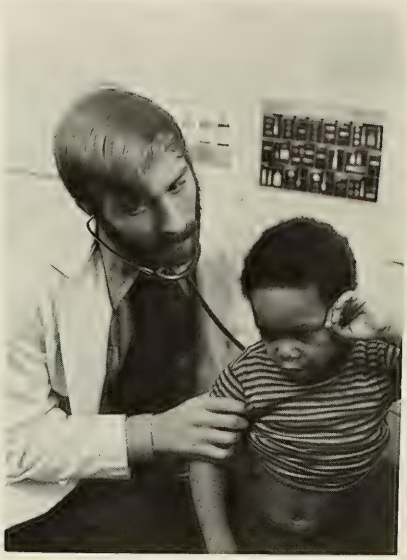
LARRY W. COHEN, D.O.
Philadelphia, Penna.
B.S., Pennsylvania State Univ.

Graduating
But Not
Photographed

Dennis M. Conneen, D.O.
Springfield, Penna.
B.S., Villanova University



DAVID L. COOLEY, D.O.
New Castle, Penna.
B.S., Youngstown State University



Stephen P. Cowen

STEPHEN P. COWEN
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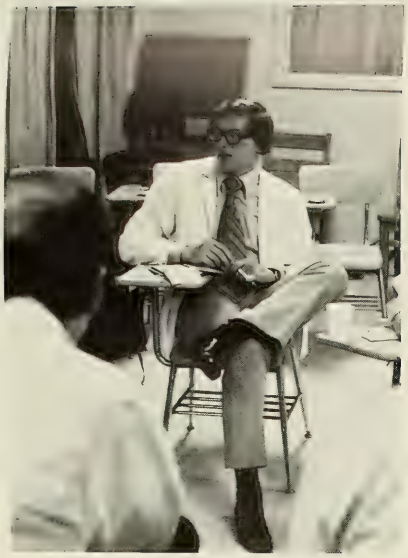
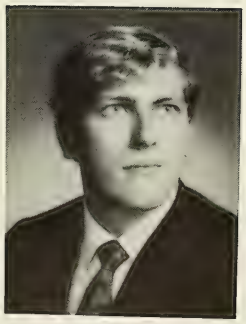
B.S. St. Joseph's College

Fred A. Cox

FRED A. COX, D.O.
Scranton, Penna.
A.B. Franklin & Marshall
College

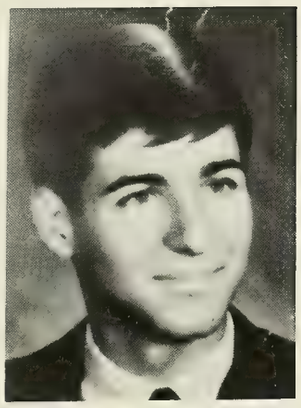


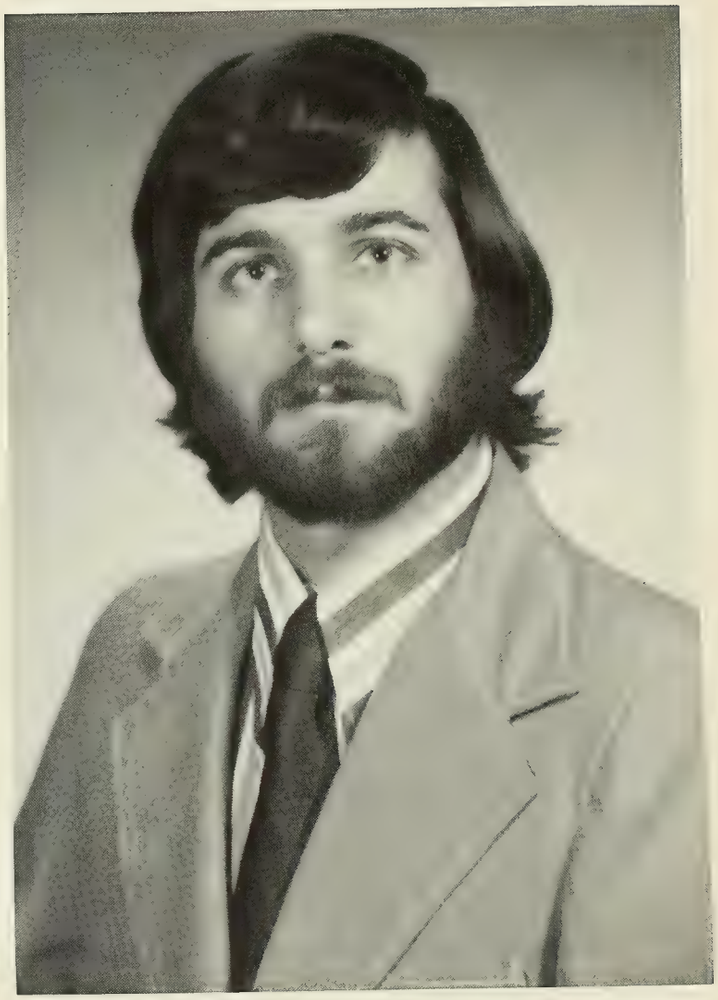
William K. Daiber



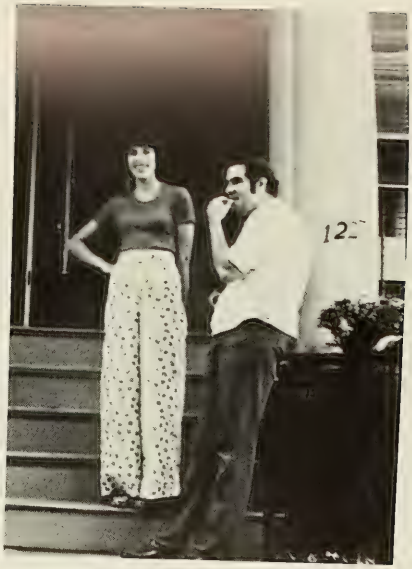
WILLIAM K. DAIBER, D.O.
Rydal, Penna.
B.S., Trinity College

Michael J. D'Angelo-



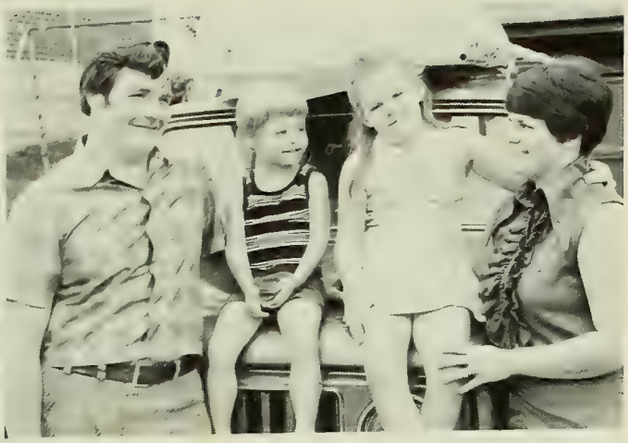


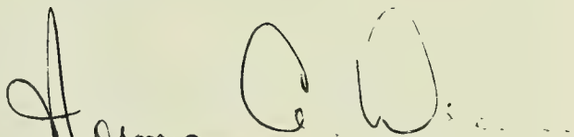
MICHAEL J. D'ANGELO, D.O.
Lebanon, Penna.
B.S., University Of Pittsburgh.

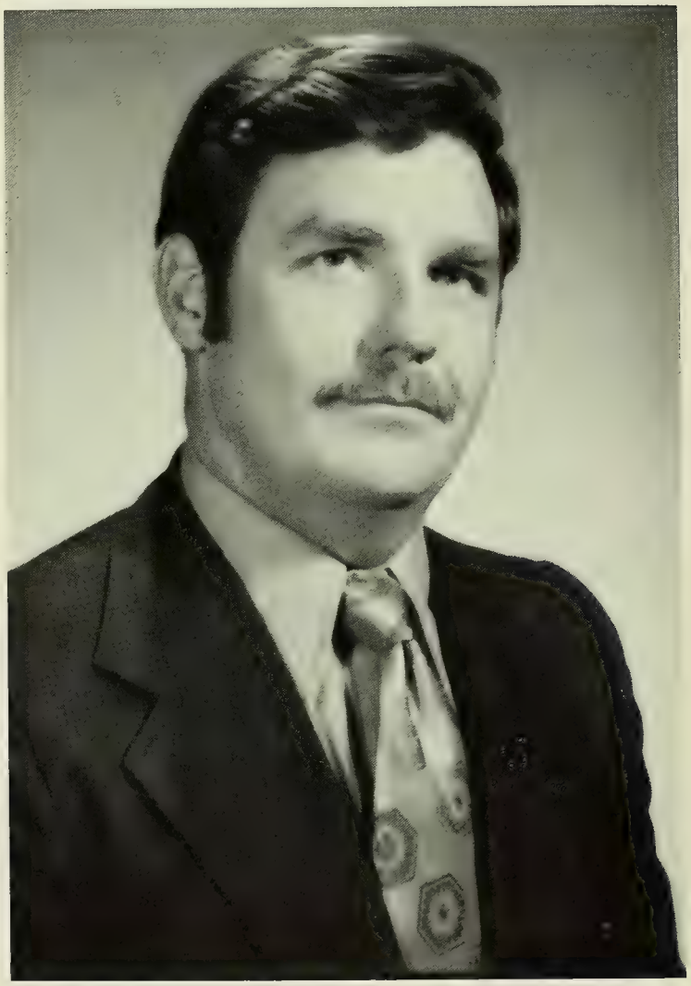


Charles E. Darowish

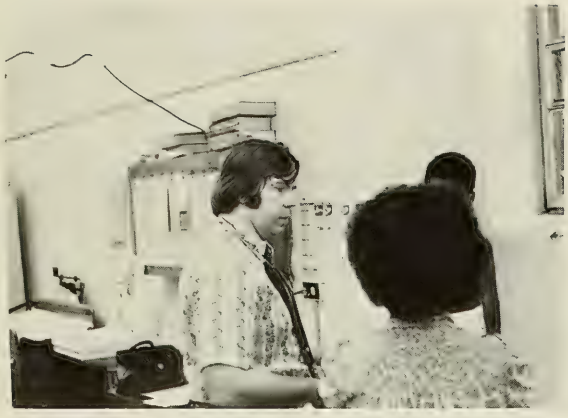
CHARLES E. DAROWISH, D.O.
Hazletown, Penna.
B.S. St. Joseph's College







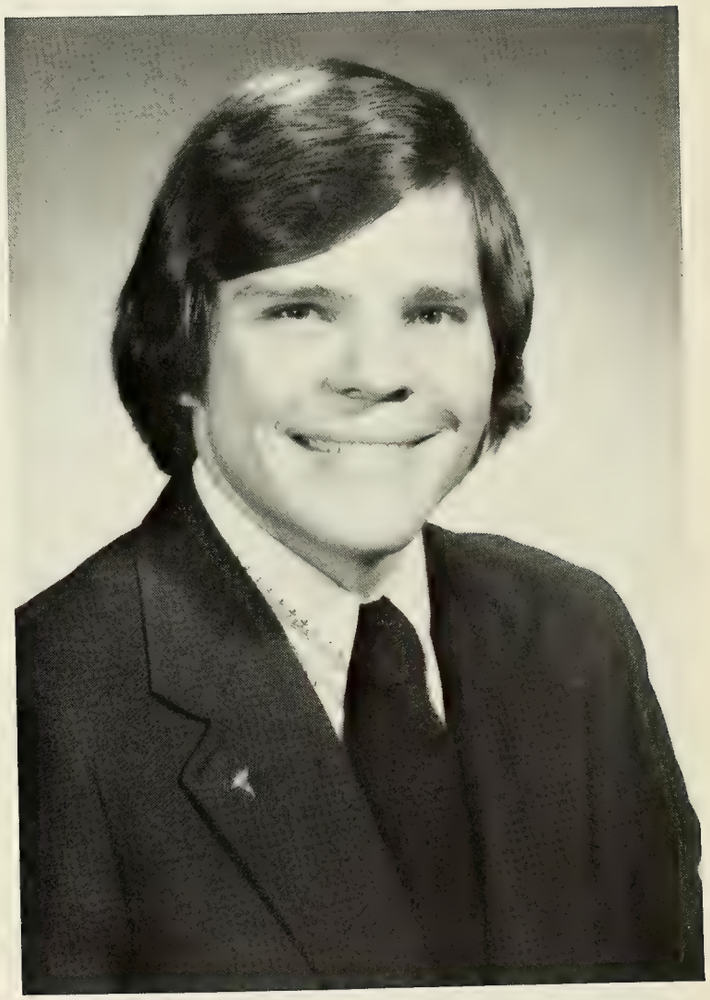
NORMAN A. DEAN, D.O.
Silver Spring, Maryland
B.S., U.S. Naval Academy



John W Denman

JOHN W. DENMAN, D.O.
Pennsville, New Jersey
A.B., Drew University

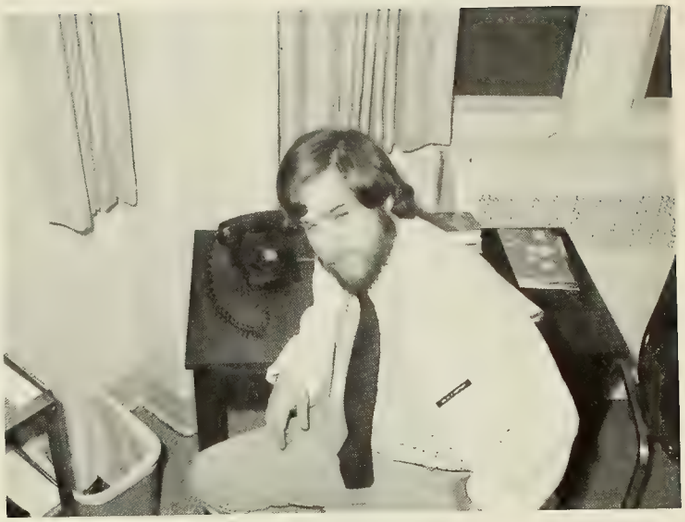
Albert A. De Polo, Jr.

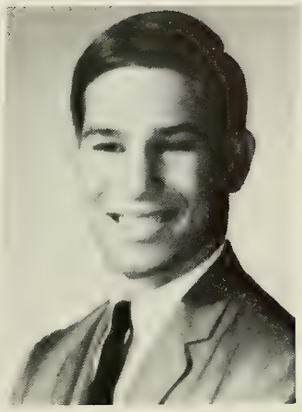


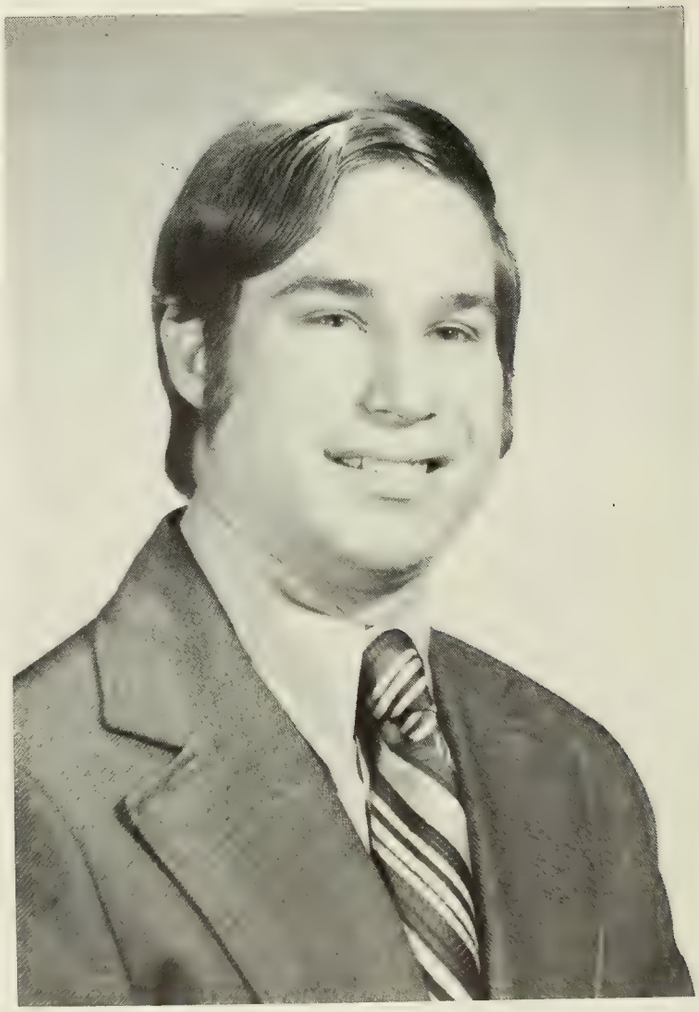
ALBERT A. DE POLO JR., D.O.
Morrisville, Penna.
B.S. Pennsylvania State U.

Henry R Di Tommaso

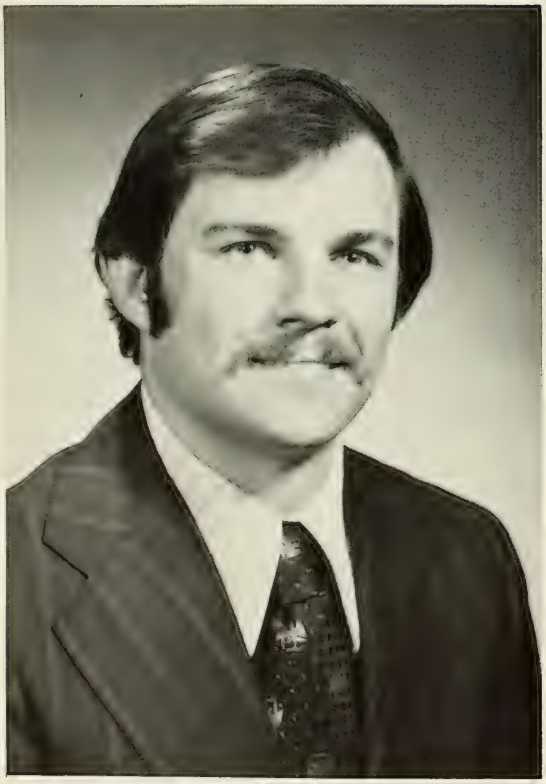
HENRY R. DI TOMMASO, D.O.
Philadelphia, Penna.
B.S. in Pharm, Temple U.



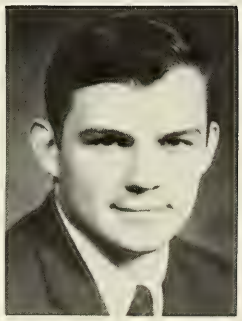




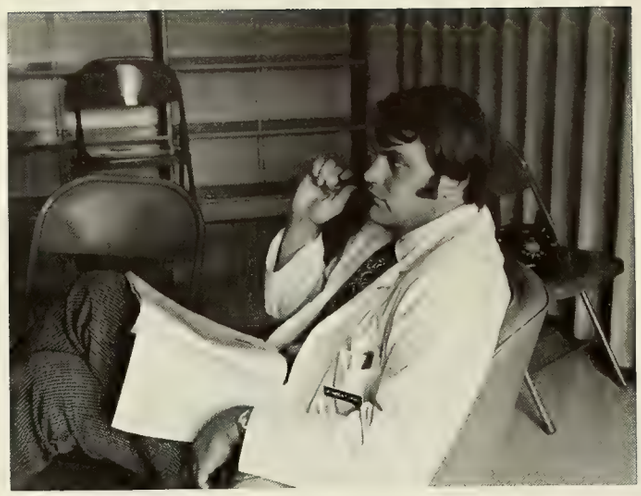
ARTHUR J. DORTORT, D.O.
Philadelphia, Penna.
A.B., University of Pennsylvania

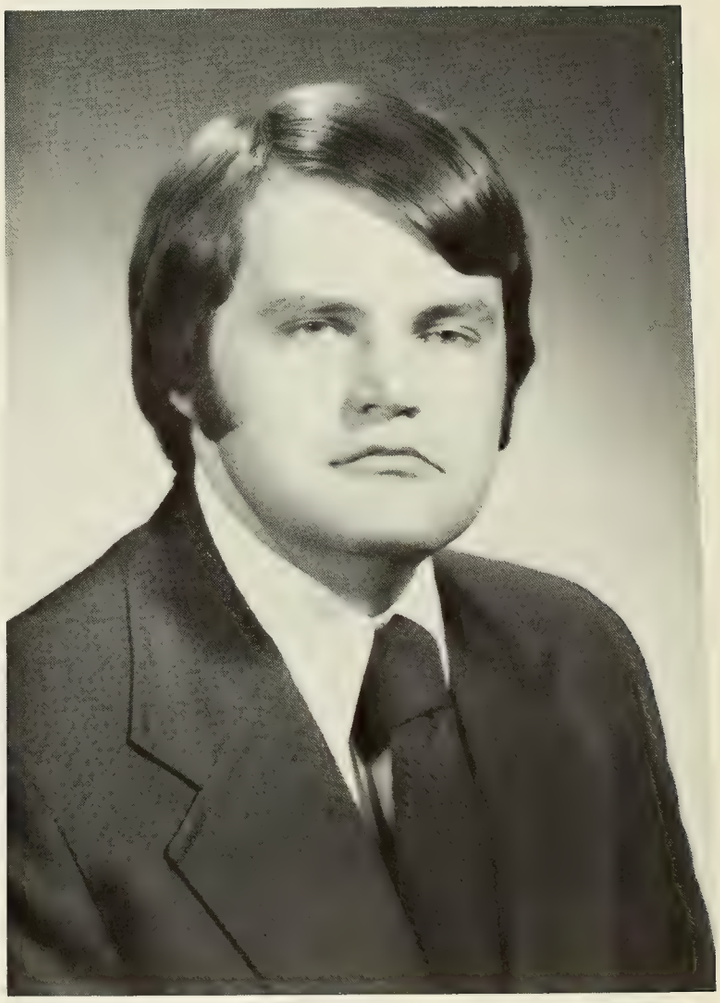


Nicholas J. Dragann Jr.



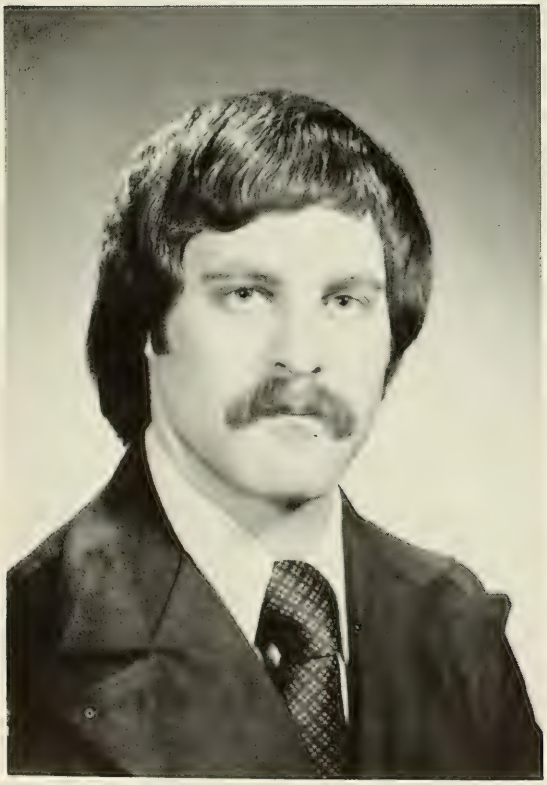
NICHOLAS J. DRAGANN, D.O.
Penn Valley, Penna.
B.S. St. Joseph's College





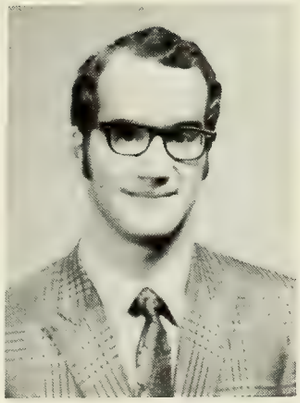
ANDREW F. DRAKE, D.O.
Norwood, Penna.
B.S. Philadelphia College
of Pharmacy and Science

Michael N. Dubroff

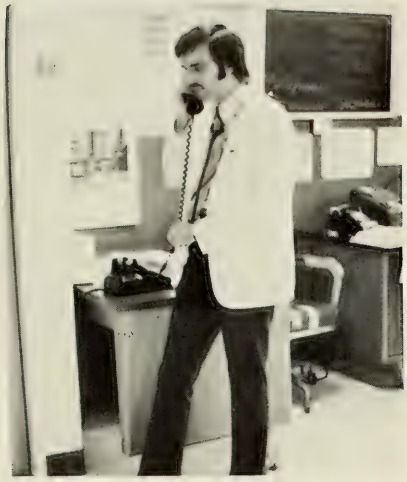


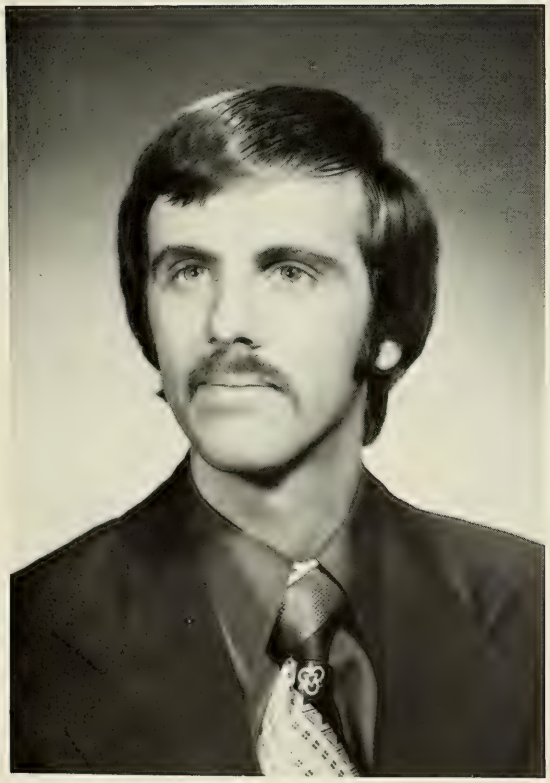
MICHAEL N. DUBROFF, D.O.
Philadelphia Penna.
LaSalle College

Mitchell E. Edelstein



MITCHELL E. EDELSTEIN, D.O.
Philadelphia, Penna.
A.B., Temple Universtiy

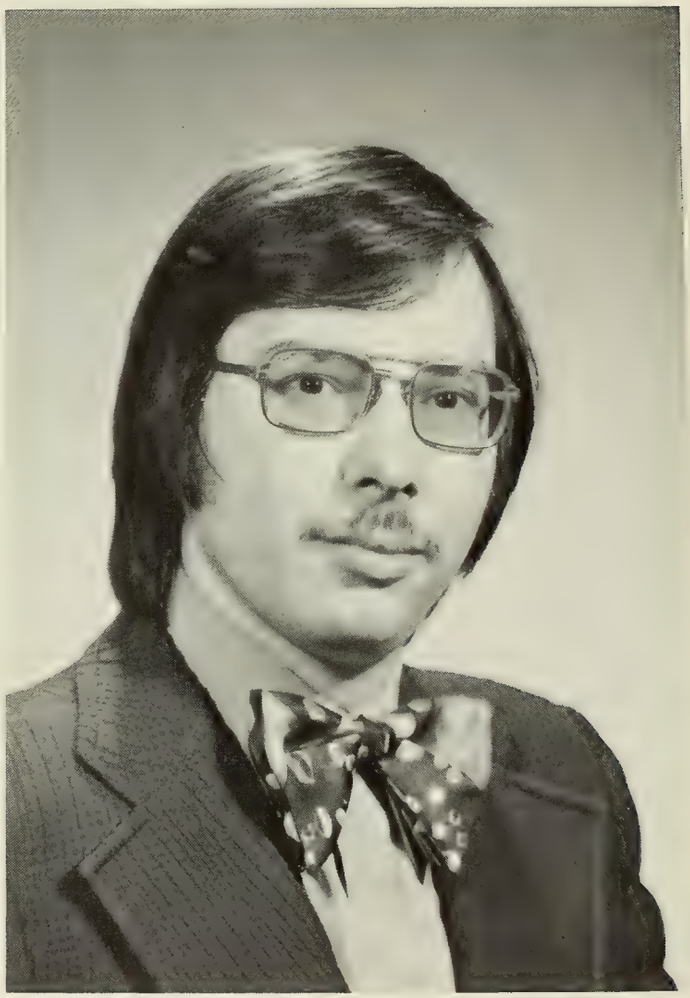




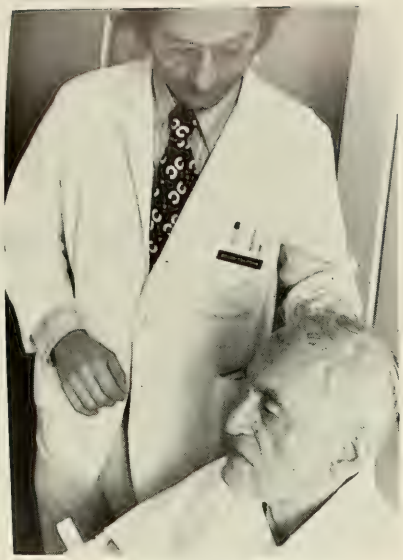
John T. Farrell III

JOHN T. FARRELL, III, D.O.
Glendora, N.J.
B.S. Phila. College
of Pharmacy and Science

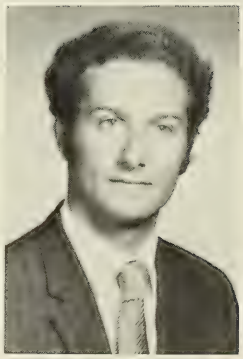
Michael Jon Feinstein



MICHAEL J. FEINSTEIN, D.O.
Merion Station, Penna.
B.S., Muhlenberg College

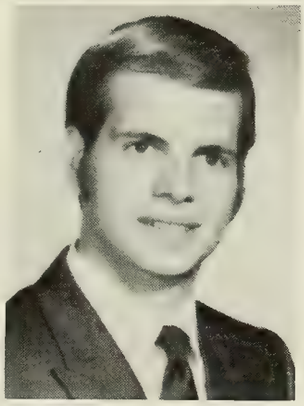


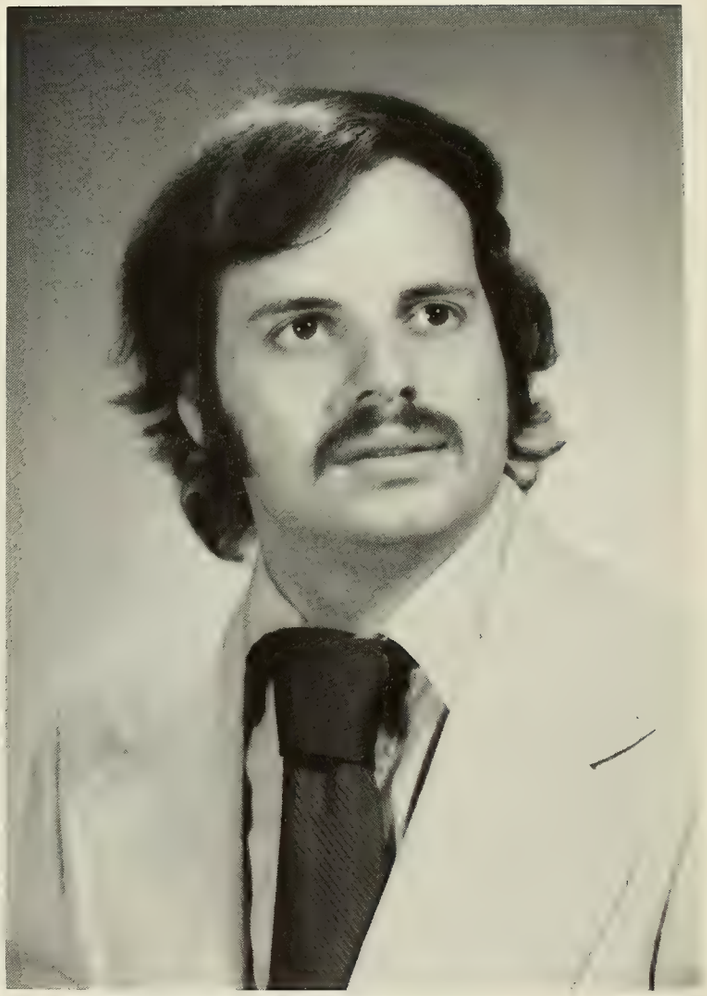
Bruce Feldman



BRUCE D. FELDMAN, D.O.
Philadelphia Penna.
A.B., Temple University

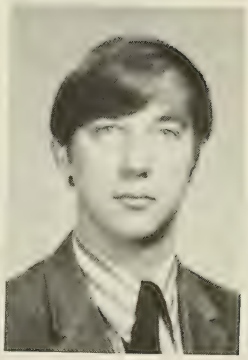
Gerald A Fishman



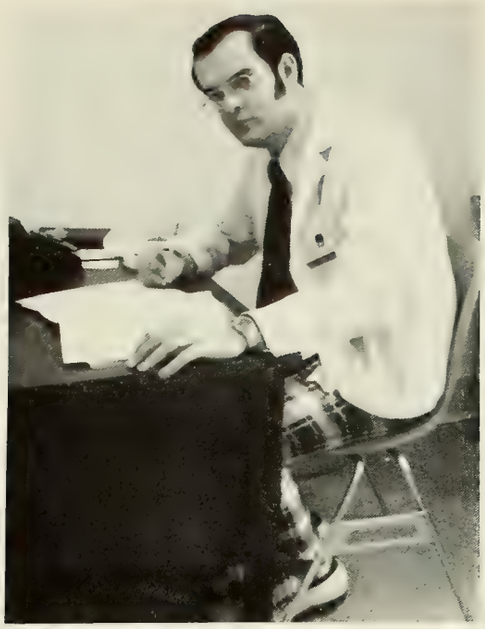


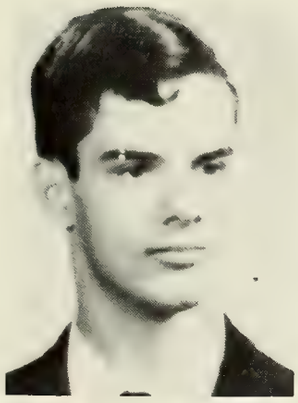
GERALD A. FISHMAN, D.O.
Wynnewood, Penna.
A.B., LaSalle College

Harry P. Flanagan III



HARRY P. FLANAGAN, III, D.O.
Philadelphia, Penna.
B.Sc. Philadelphia College of
Pharmacy and Science

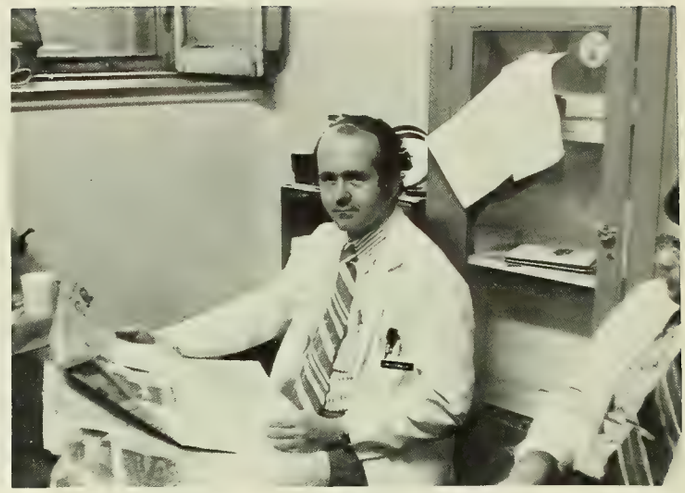




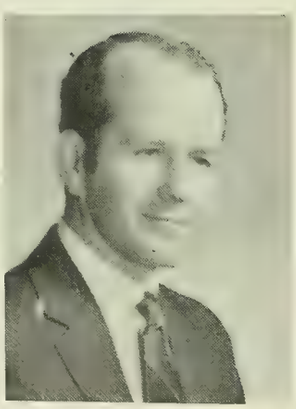
DAVID J. FONTAINE, D.O.
Portland, Maine
A.B., University of Maine

JOSEPH C. GAMBONE, D.O.
Glenside, Penna.
A.B. La Salle College

J.C. Gambone



M. James Gerrie Jr



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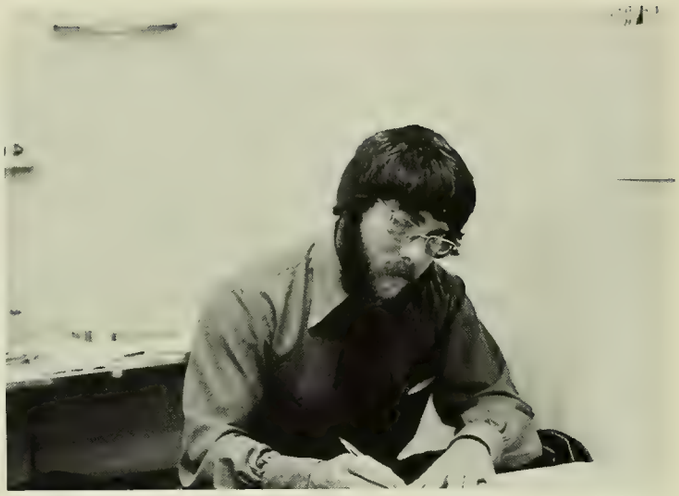
Fairfield, Maine
B.S., Northeast Missouri State College

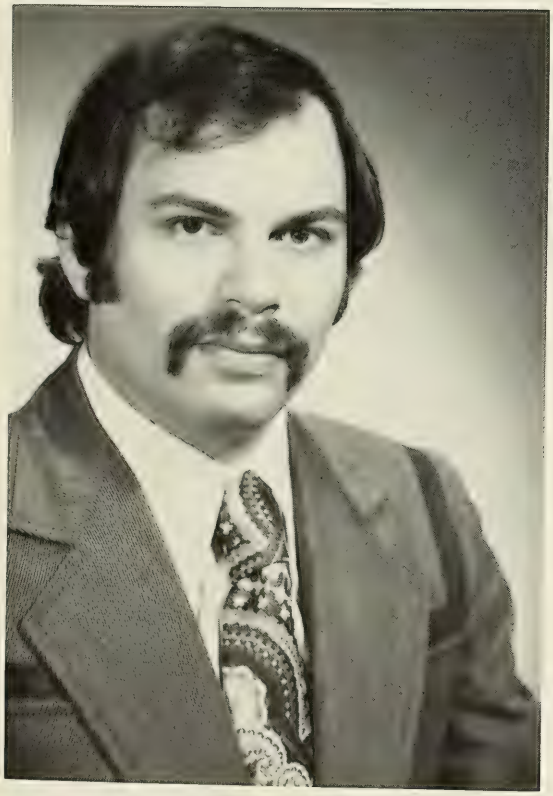
Joseph F. Gold

JOSEPH F. GOLD, D.O.
Philadelphia, Penna.
A.B., Temple University



Ralph Gordon

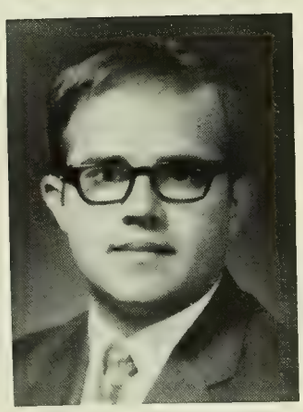
RALPH GORDON, D.O.
Wildwood, New Jersey
B.S., PMC Colleges



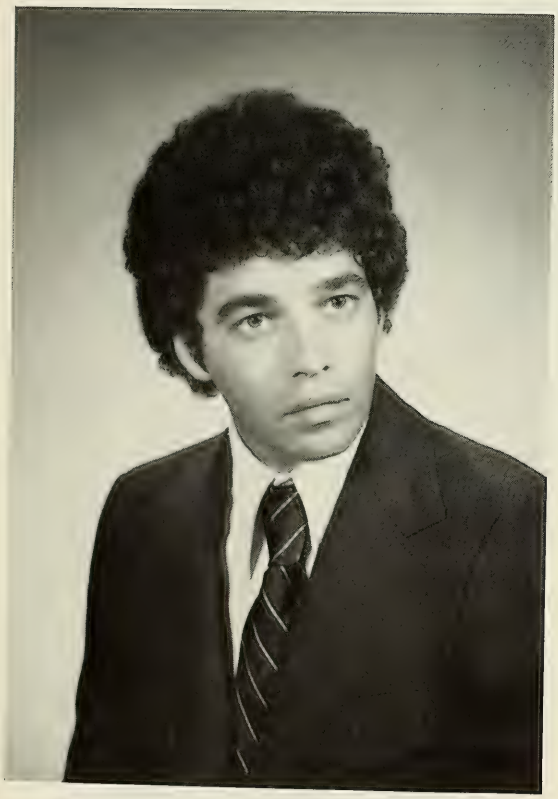
Jack O Gratch

JACK O. GRATCH, D.O.
Philadelphia, Penna.
B.S., Phila. College Pharm & Sc.

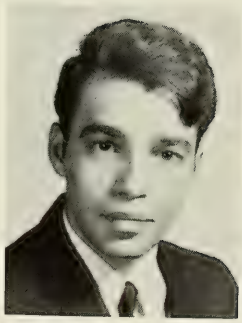
Steven F. Habusta



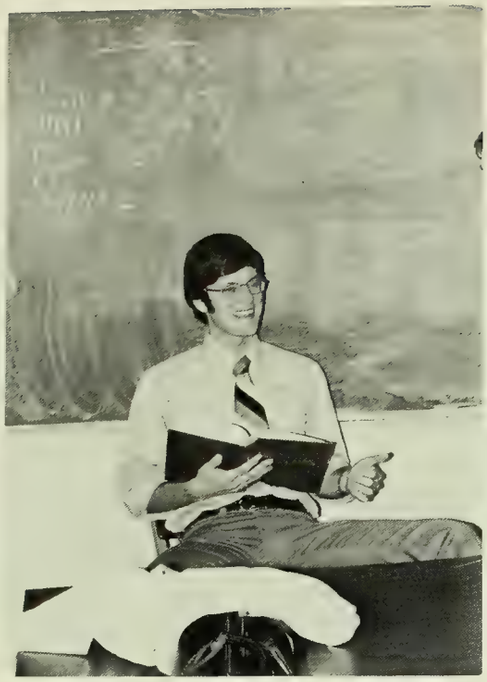
STEVEN F. HABUSTA D.O.
Parma, Ohio
B.S., John Carroll University



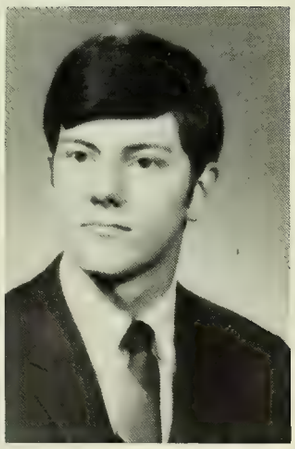
Martin Hackel

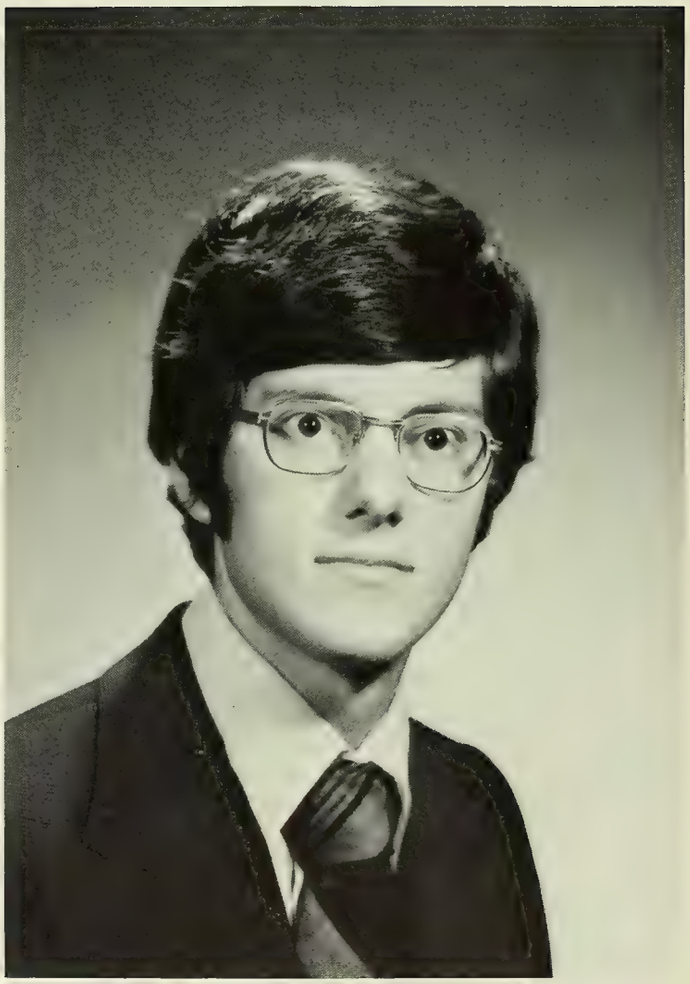


MARTIN A. HACKEL, D.O.
Philadelphia, Penna.
B.S., Pennsylvania State Univ.



James M. Harnden





JAMES M. HARNDEN, D.O.
Solon, Ohio
B.S., Marietta College

Carl A. Hoffman Jr.

CARL A. HOFFMAN, D.O.
Harrisburg, Penna.
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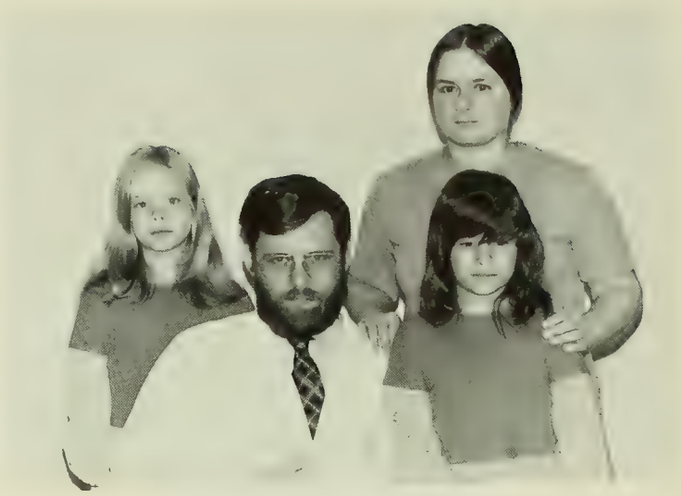
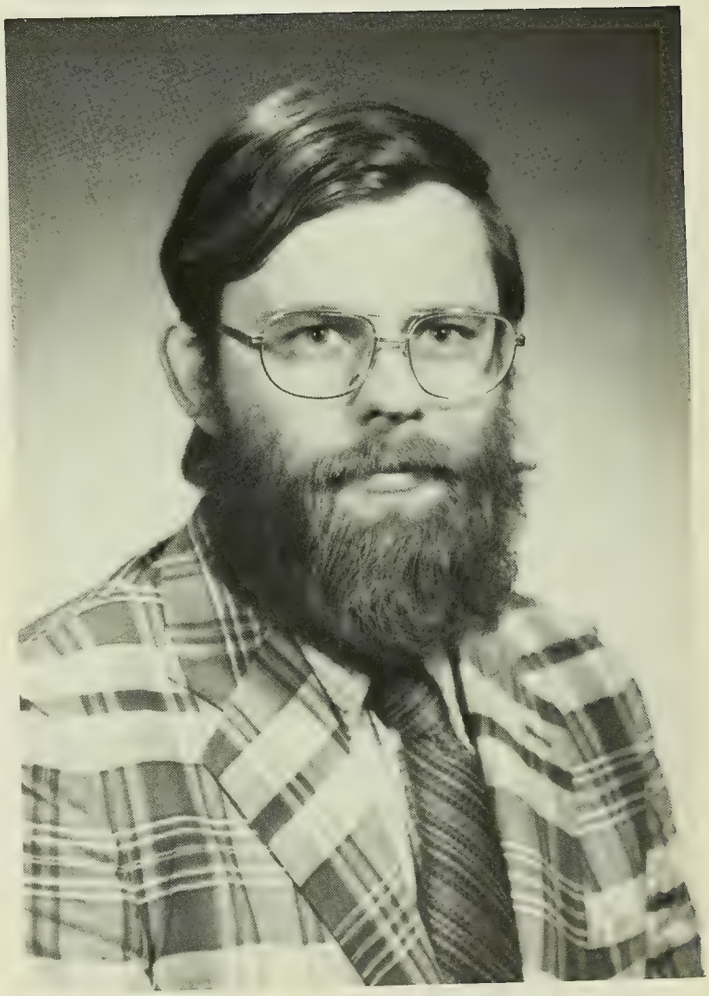
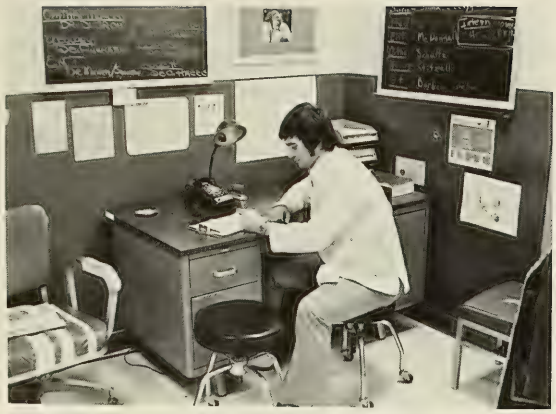
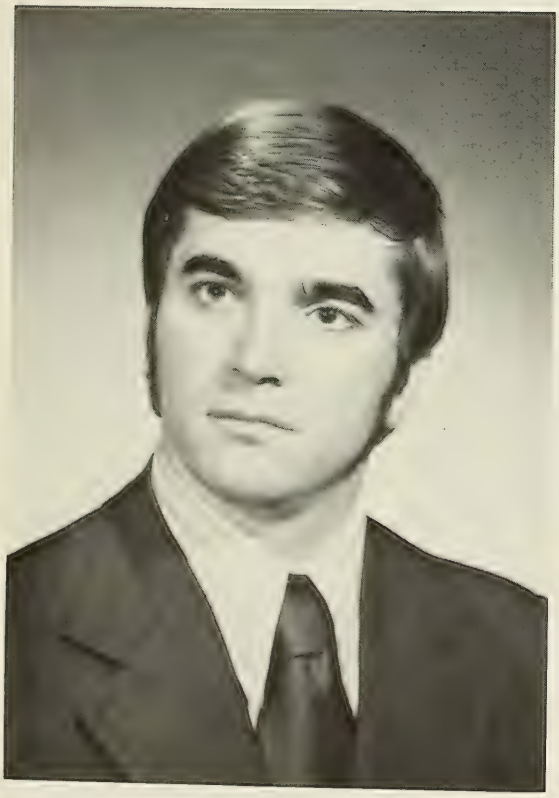




FRED B. HOOPER, D.O.
New Cumberland, Penna.
A.B. Lafayette College
V.M.D., U. of P. Sch. of Vet. Med.





Edward A. Hubach

EDWARD A. HUBACH, D.O.
Maple Heights, Ohio
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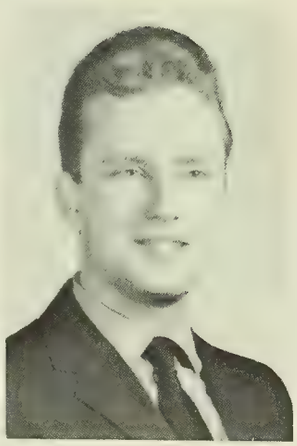
Daniel David Janiak



DANIEL D. JANIAK, D.O.
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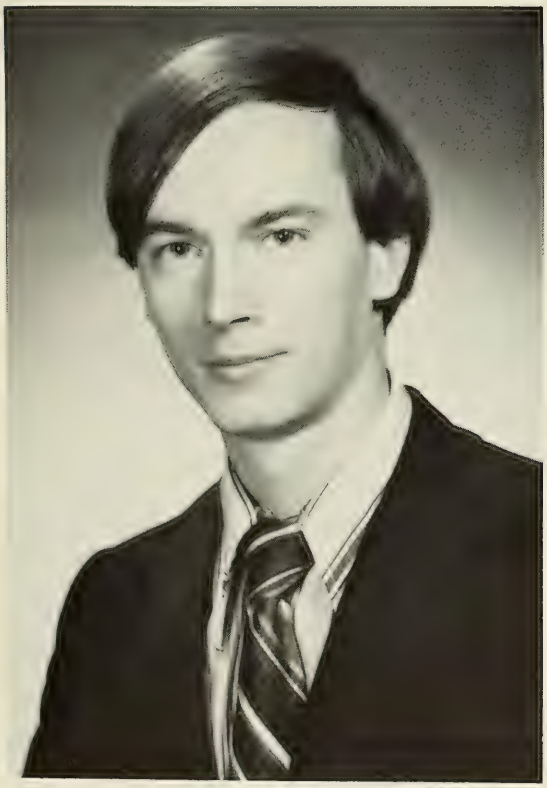
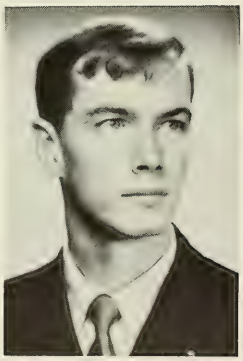
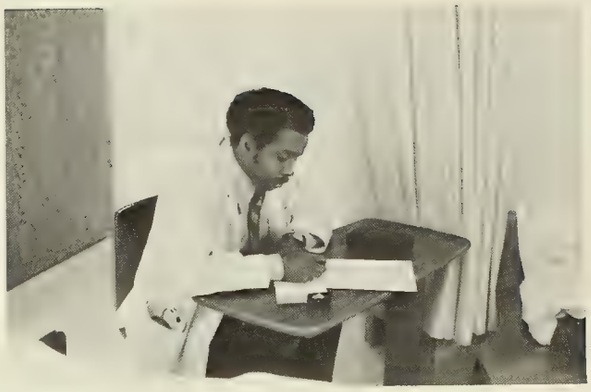
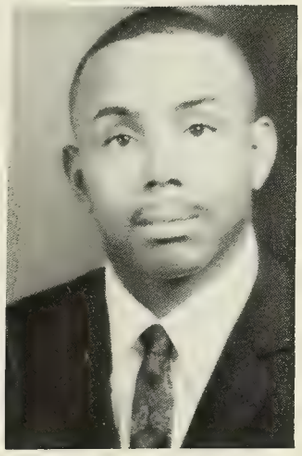


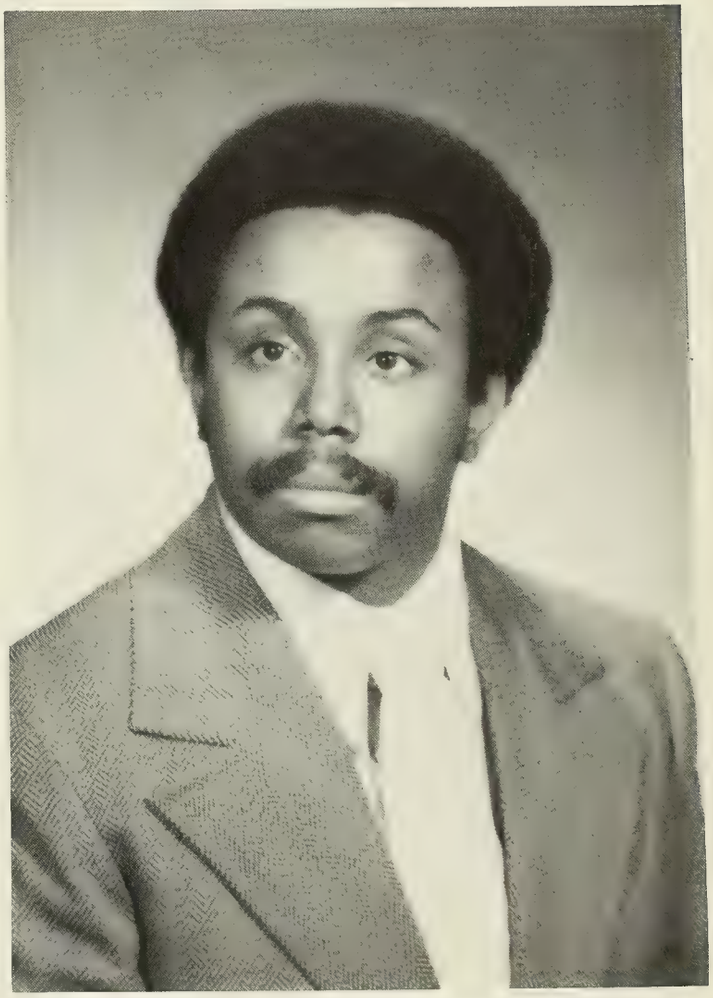


RAYMOND J. JENSEN, D.O.
Lindenhurst, New York
B.S., State Univ. Of N.Y. at
StonyBrook



John T. Johnson

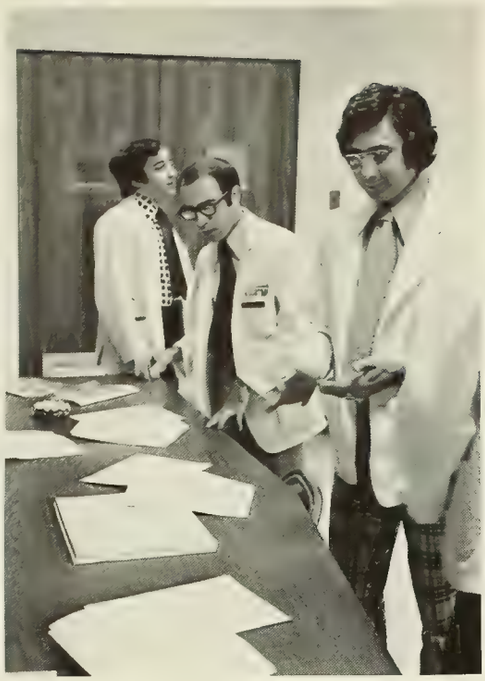


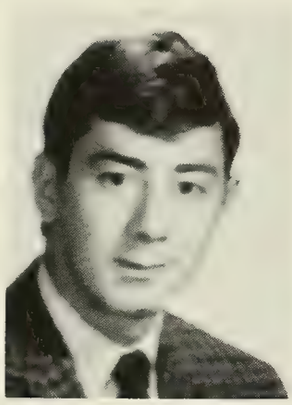


JOHN THOMAS JOHNSON, D.O.
Davenport, Iowa
B.S. Parsons College

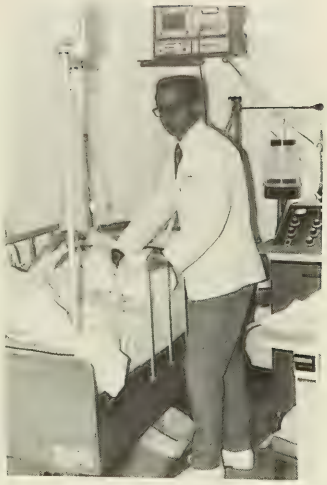
Richard A. Johnson

RICHARD A. JOHNSON, D.O.
McKeesport, Penna.
A.B. Thiel College



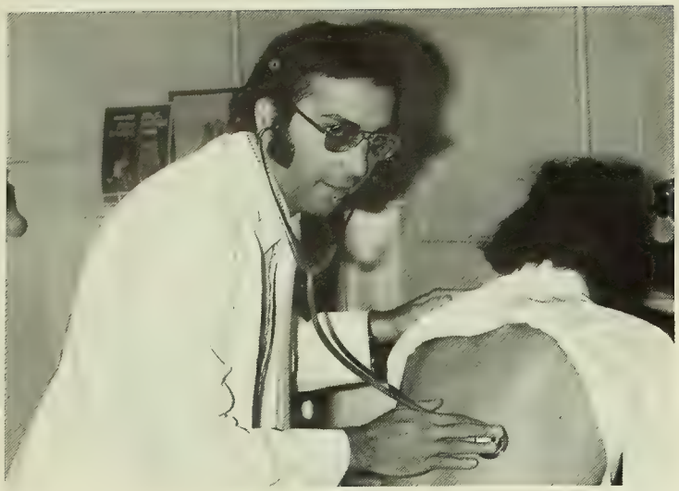


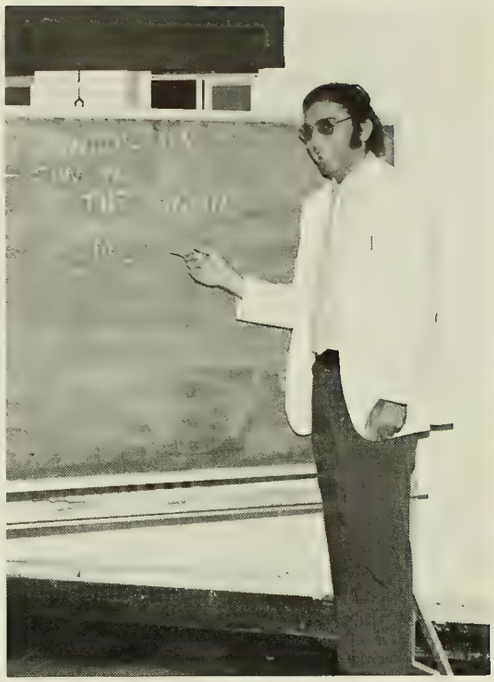
ROBERT R. KANEDA, D.O.
Media, Penna.
B.S., Lebanon Valley College



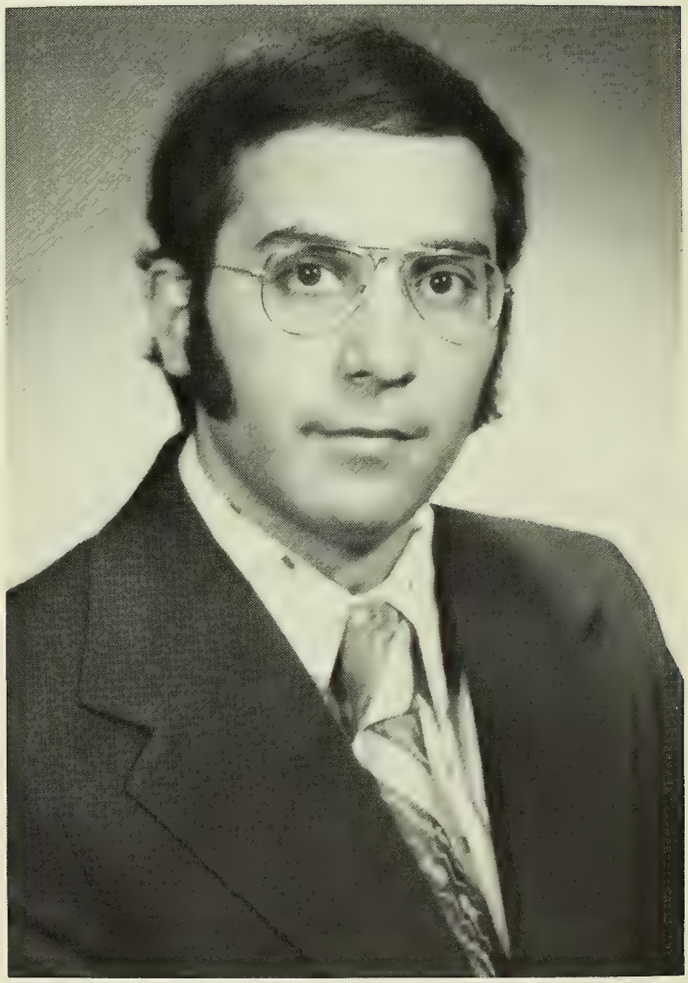
Charles Kastenberg

CHARLES A. KASTENBERG, D.O.
Cherry Hill, New Jersey
B.S. in Pharm, Rutgers State U.

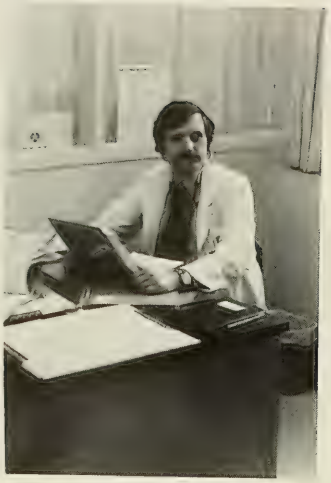


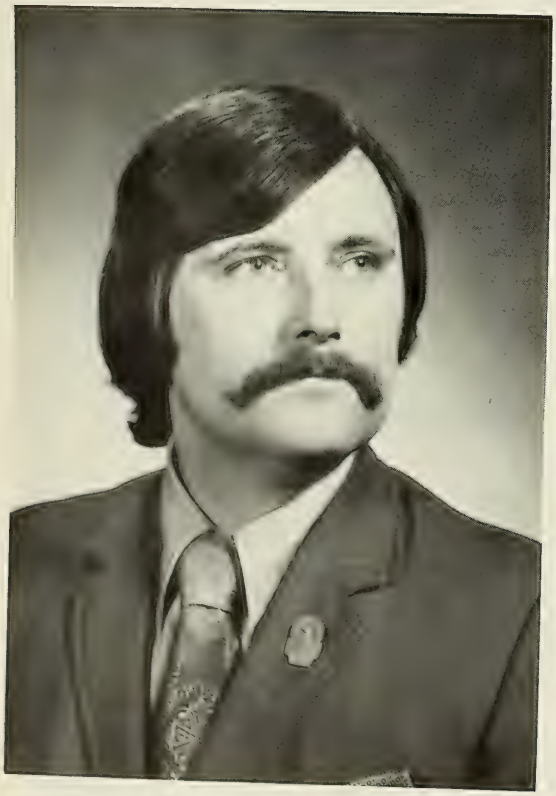


Steven Katz



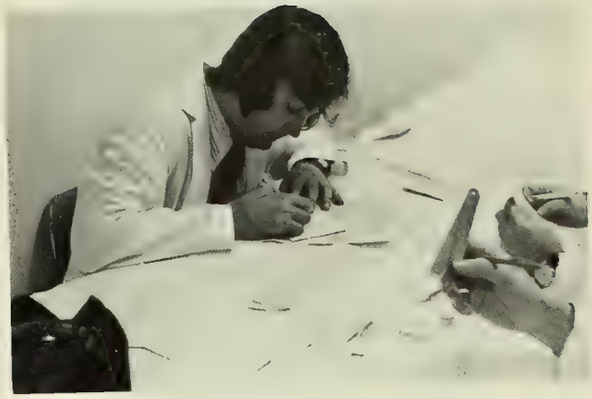
STEVEN KATZ, D.O.
Wyncote, Penna.
A.B., Temple University





C. Roger Kendrick

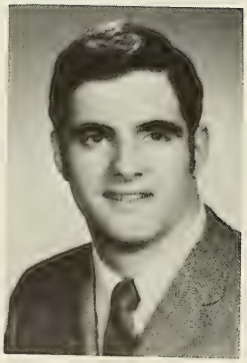
C. ROGER KENDRICK, D.O.
East Greenbush, New York
B.S. Siena College
M.A. St. Rose College



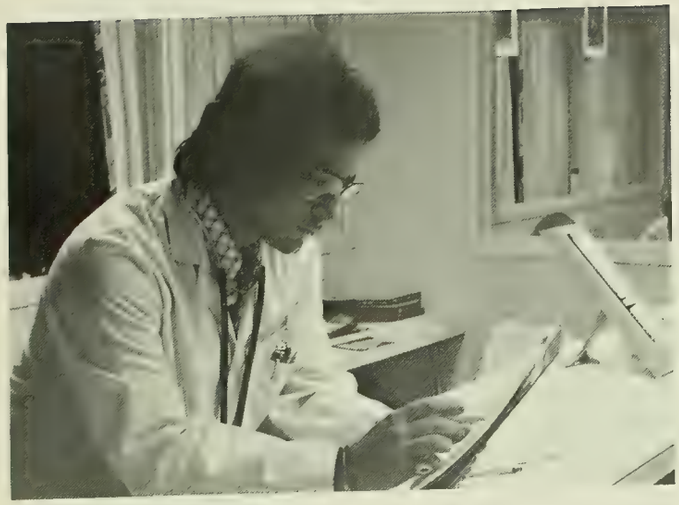
Dennis Kitsko

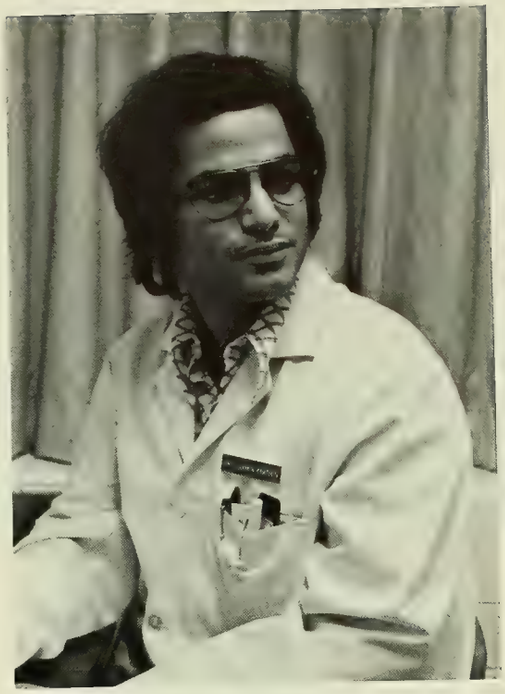
DENNIS KITSKO, D.O.
Johnstown, Penna.
B.S. University of
Pittsburgh

Dean T. Koukos

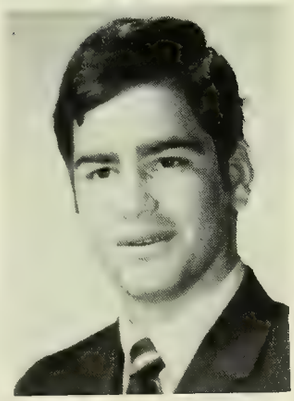


DEAN T. KOUKOS, D.O.
Upper Darby, Penna.
B.S., St. Joseph's College





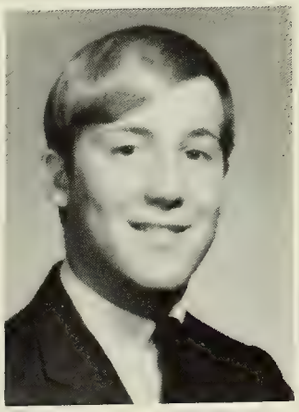
Stephen A. Krathen



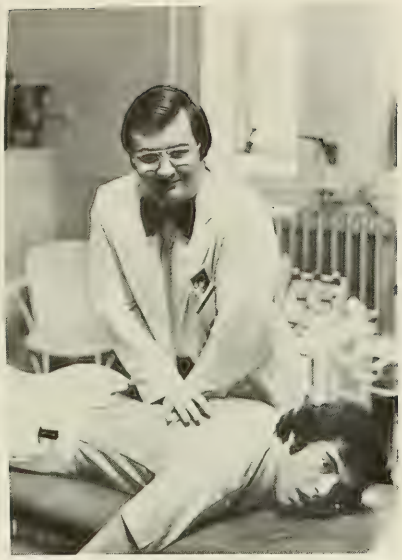
STEPHEN A. KRATHEN, D.O.
Philadelphia, Penna.
B.S., Philadelphia College of
Pharmacy and Science

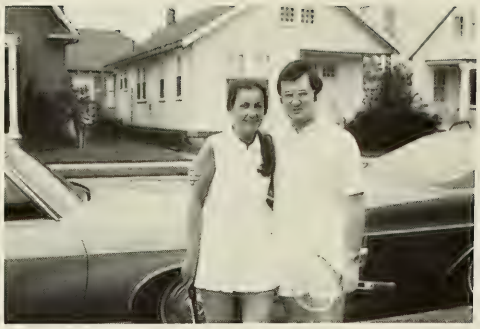
ARNOLD S. KREMER, D.O.
Bala Cynwyd, Penna.
B.S., Albright College

Richard A. La Cavera

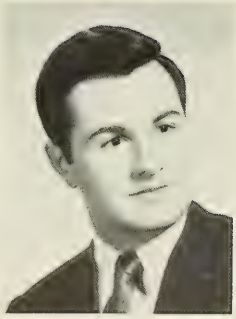


RICHARD A. LA CAVERA, D.O.
Elmer, N.J.
B.A. Temple U.

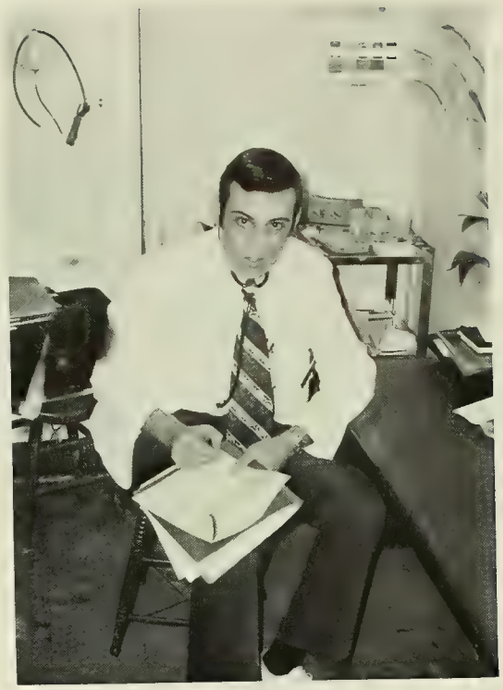




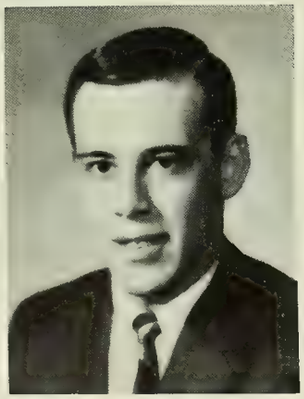
James D. Lavis



JAMES D. LAVIS, D.O.
Ocean City, N.J.
B.S. U. of Notre Dame

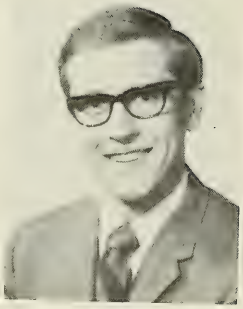


Francis L. Levin



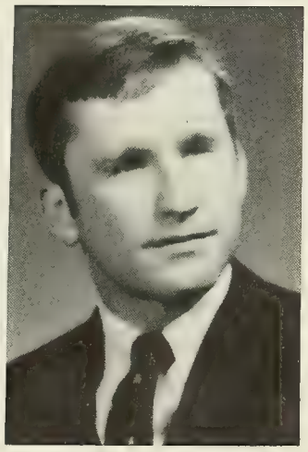
FRANCIS L. LEVIN, D.O.
Turnersville, New Jersey
A.B., LaSalle College

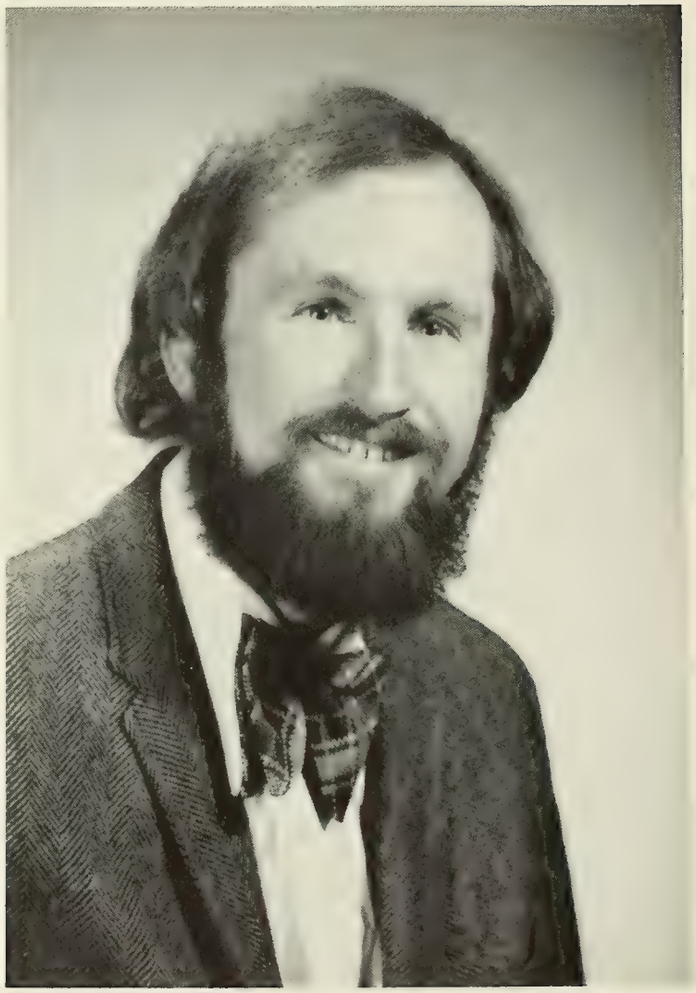
Aaron J. Listopad



AARON J. LISTOPAD, D.O.
Sharon, Penna.
A.B., Thiel College

W. R. McClintic





WILLIAM R. McCLINTIC, D.O.
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Morris E. McCray

MORRIS E. MCCRAY D.O.
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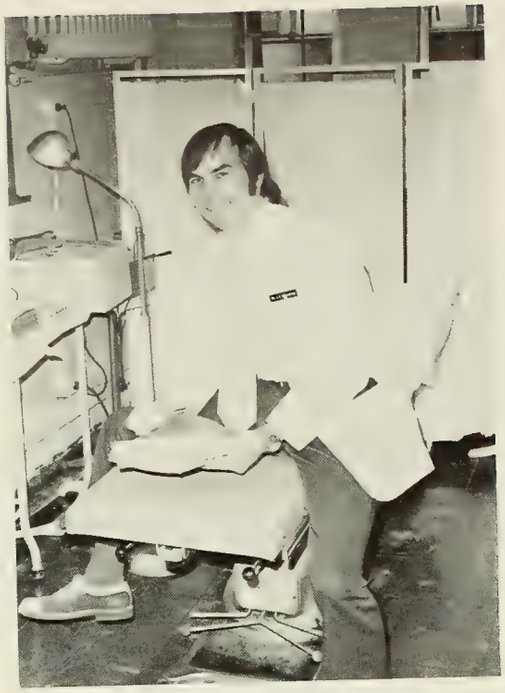
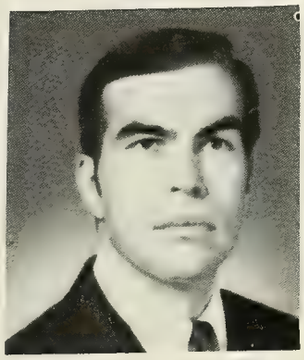
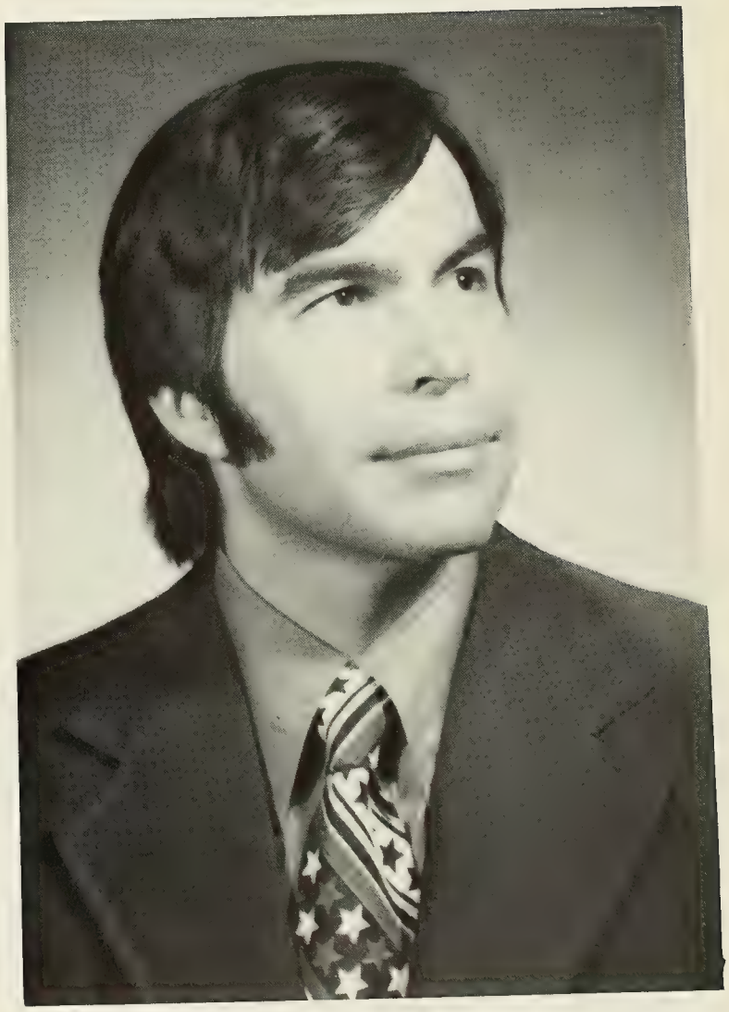
B.S. Florida Atlantic University



James A. McLaughlin





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A.B. Baldwin-Wallace College
M.S. Syracuse University

Michael J. Marks

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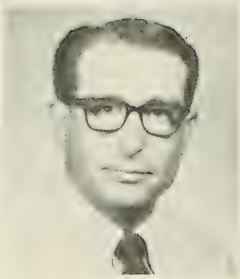
Duquesne University

Alan L. Meshekow

ALAN L. MESHEKOW, D.O.
Asbury Park, N.J.
A.B. University of
Rhode Island

Robert Metzman



ROBERT M. METZMAN, D.O.
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B.S.M.E. Drexel U.

Julius A. Mingroni

JULIUS A. MINGRONI, D.O.
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B.S., Philadelphia College of
Pharmacy and Science

Marc Mintz

MARC A. MINTZ, D.O.
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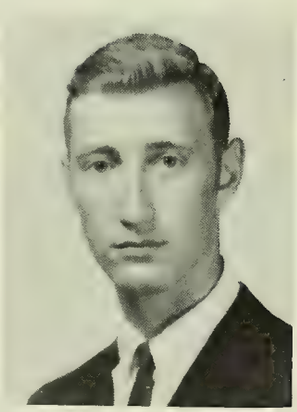
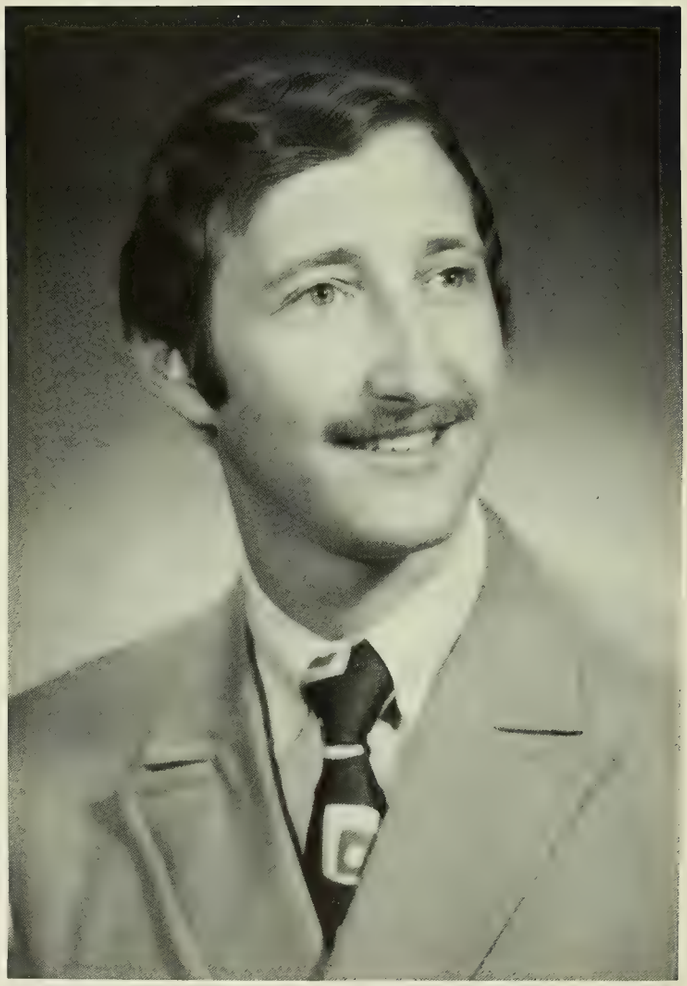
A.B., Pennsylvania State Univ.

Barry Montague





BARRY M. MONTAGUE, D.O.
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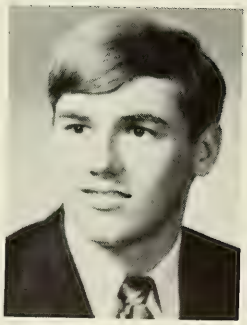
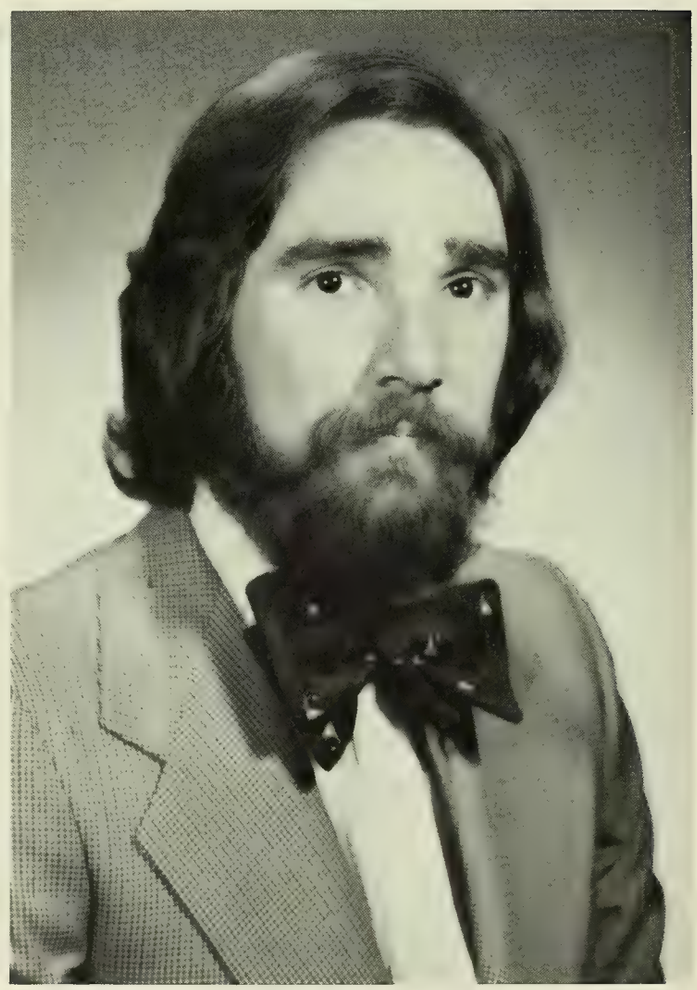
B.S., Pennsylvania State Univ.

Michael W. Moore

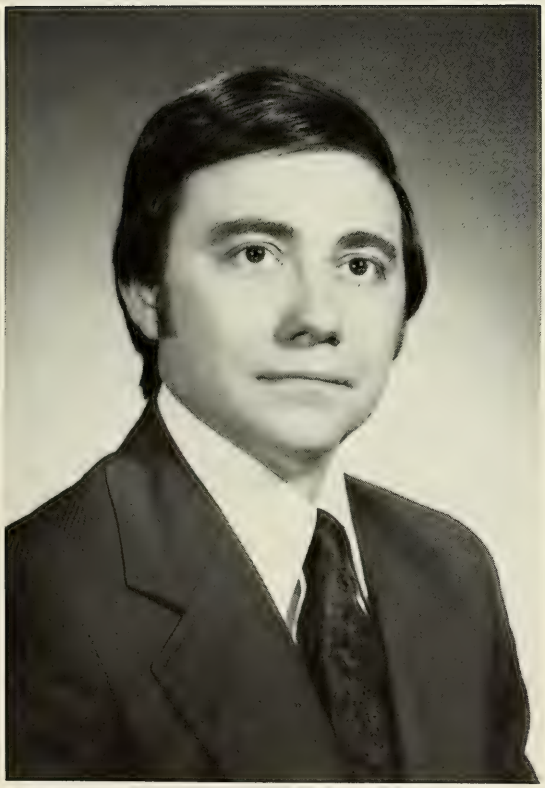


MICHAEL W. MOORE, D.O.
Lawrenceville, New Jersey
A.B., University of Conneticut

Kenneth A. Morris



KENNETH A. MORRIS, D.O.
Philadelphia, Penna.
A.B., Temple University



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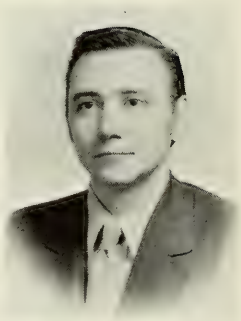
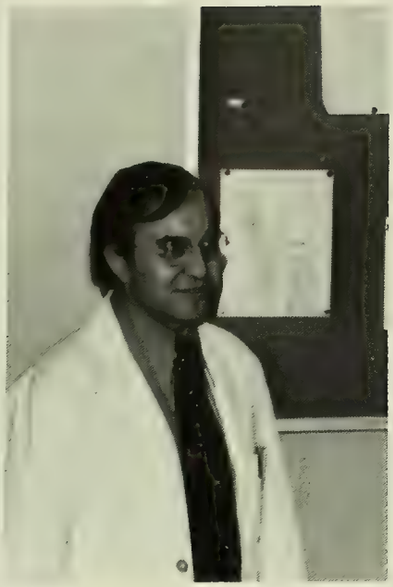
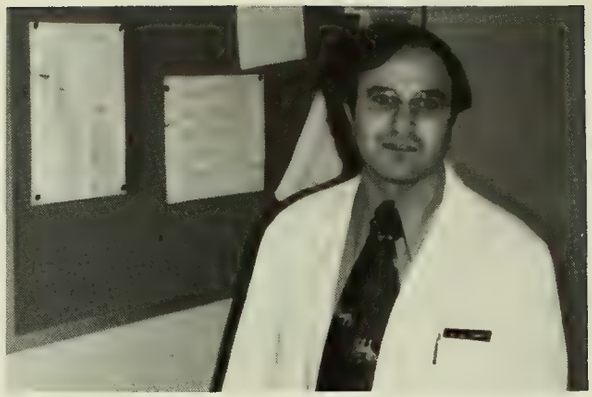
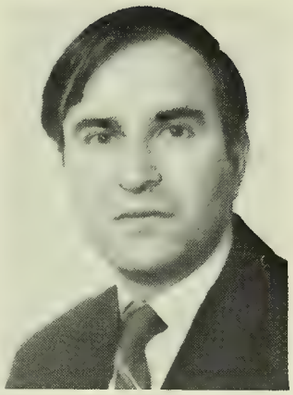


CHARLES C. MORRONE, D.O.
Philadelphia, Penna.
B.S. (Pharm) Phila. Coll.
Pharm & Sc.



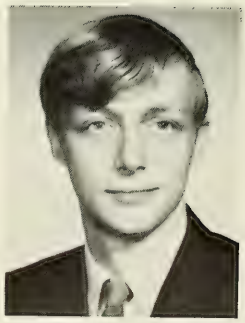


Paul D Morte



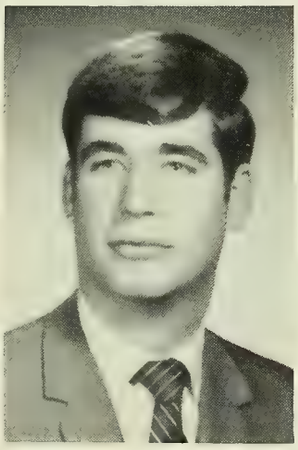
PAUL D. MORTE, D.O.
Marlboro, Mass.
A.B. Georgetown
University

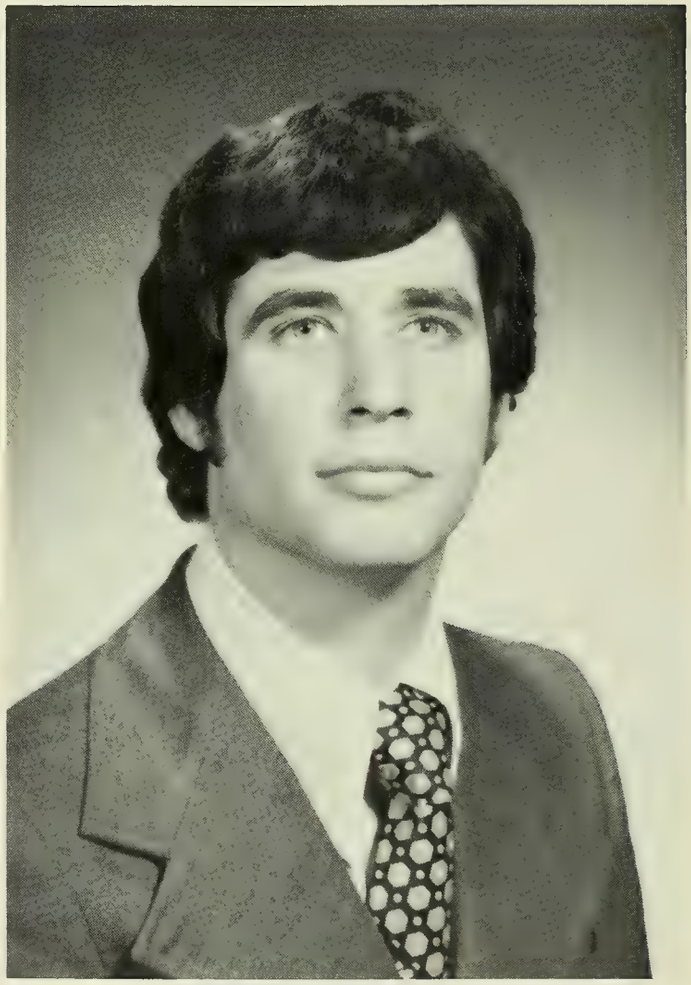
Francis X Murray



FRANCIS X. MURRAY, D.O.
Bellmawr, N.J.
A.B. La Salle College

Richard J. Naftulin





RICHARD J. NAFTULIN, D.O.
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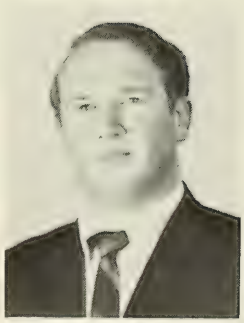
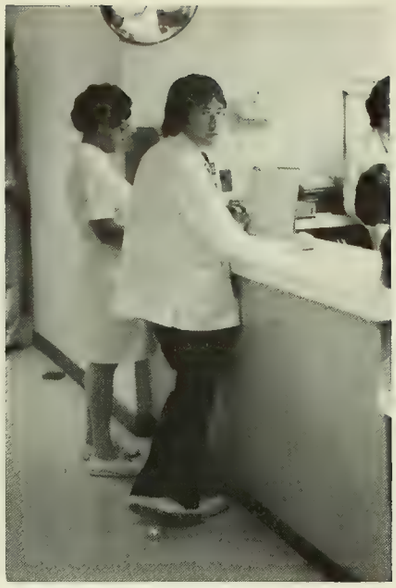
A.B. Temple U.

Harvey B. Nassau



HARVEY B. NASSAU, D.O.
Belle Harbor, N.Y.
A.B. City College of New York



Jerry A. Olshan

JERRY A. OLSHAN, D.O.
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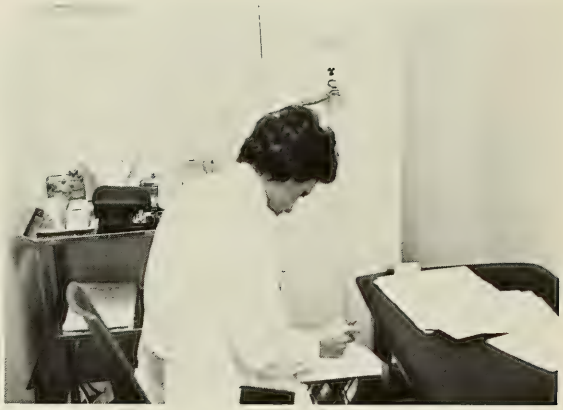
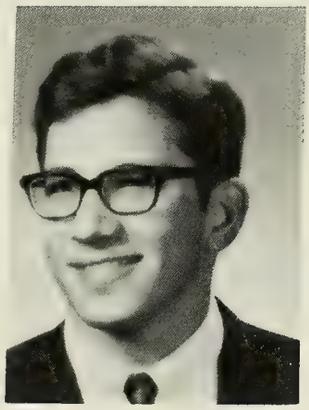
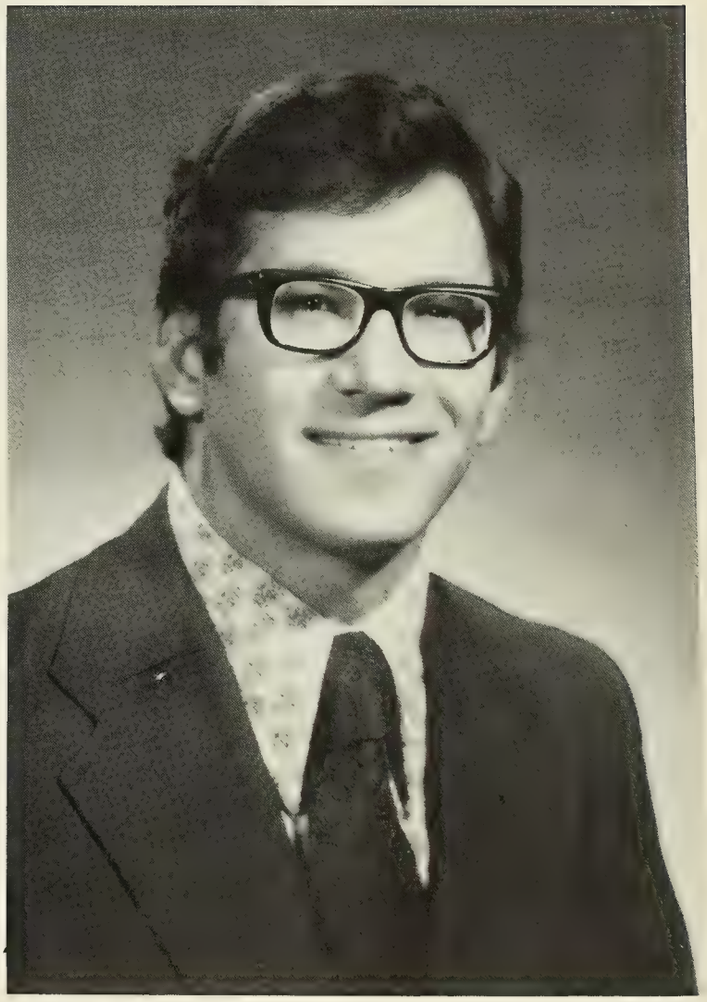


CHERYL ANN OPALACK, D.O.
Pottstown, Penna.
A.B., Temple University

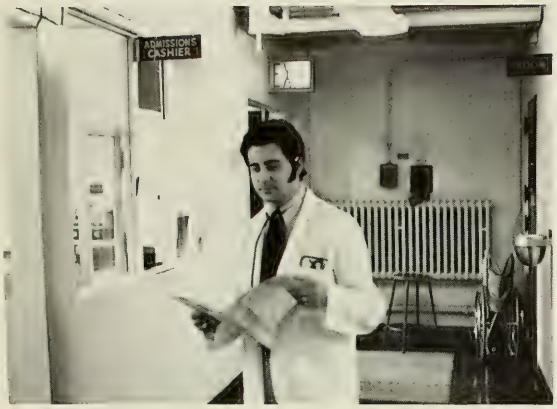
Cheryl A. Opalack

Andrew J. Panko





ANDREW J. PANKO, D.O.
Old Forge, Penna.
B.S., University of Scranton



Richard Gerald Paolino

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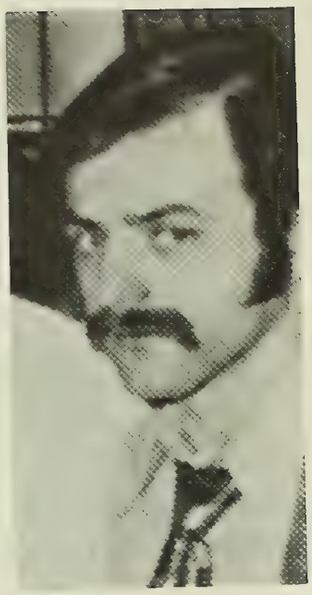
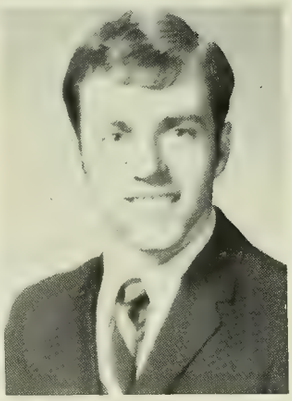
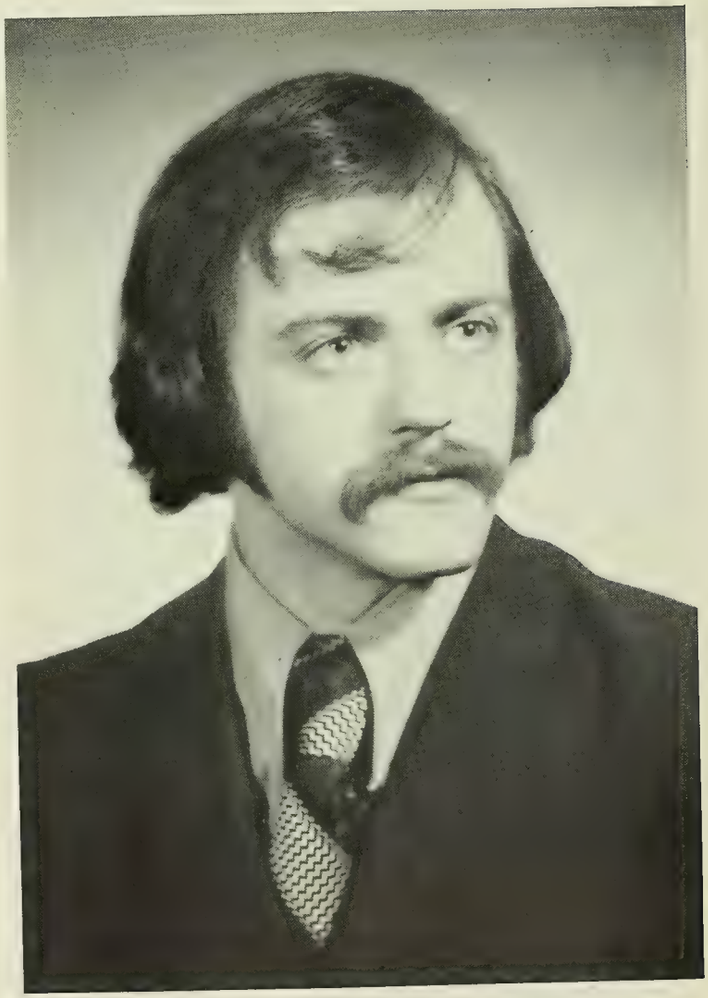
of Pharm

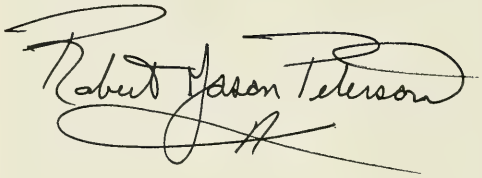


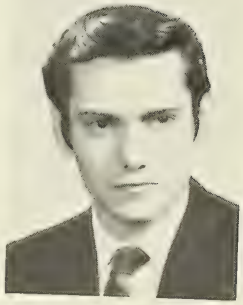
Richard A. Papa



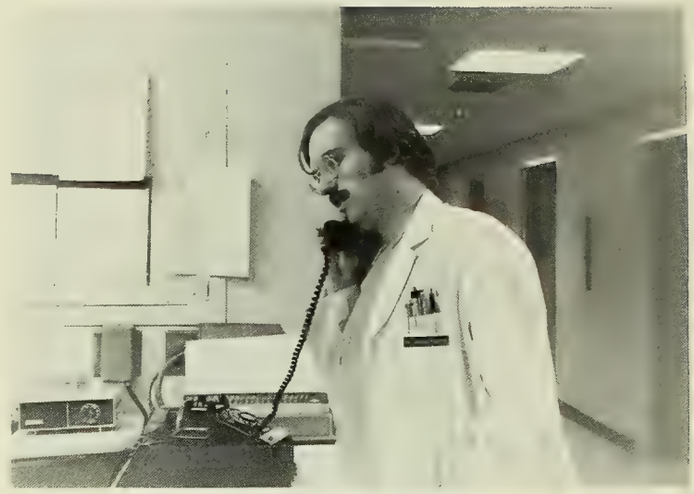


RICHARD A. PAPA, D.O.
New Castle, Penna.
B.S., University of Pittsburgh

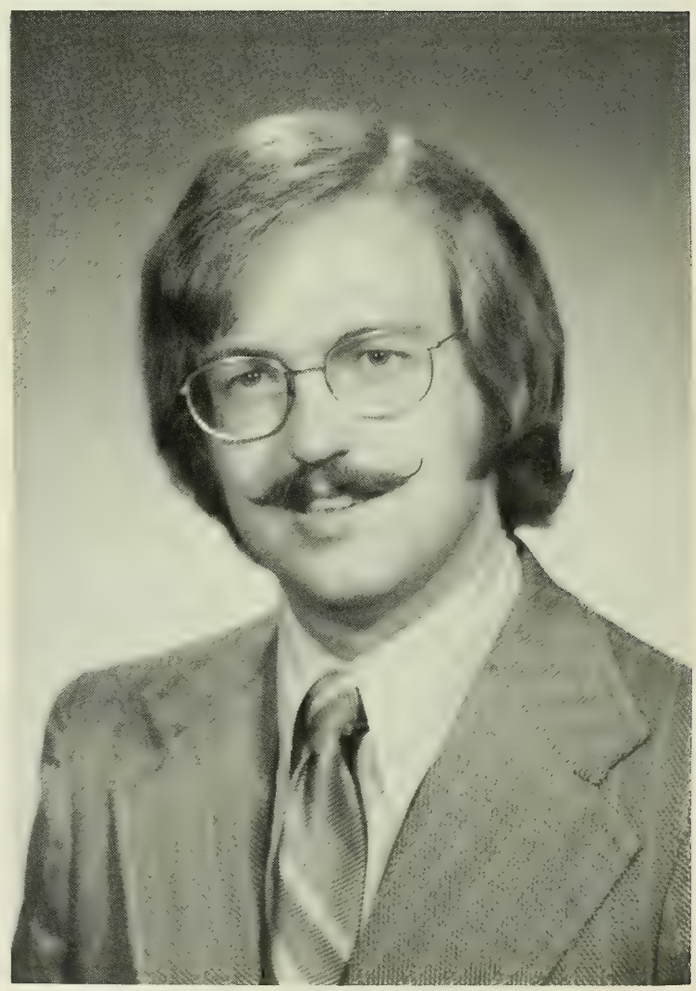




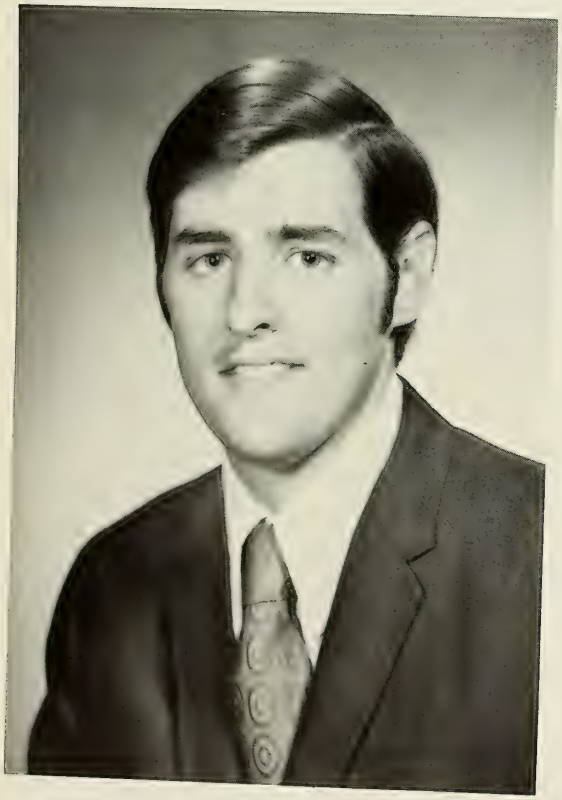
ROBERT J. PETERSON, D.O.
Philadelphia, Penna.
B.S. Pennsylvania State U.



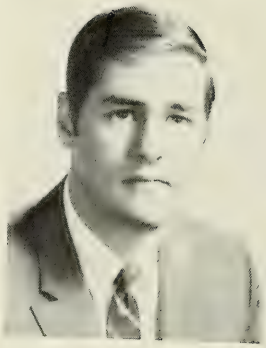
Richard H Plummer



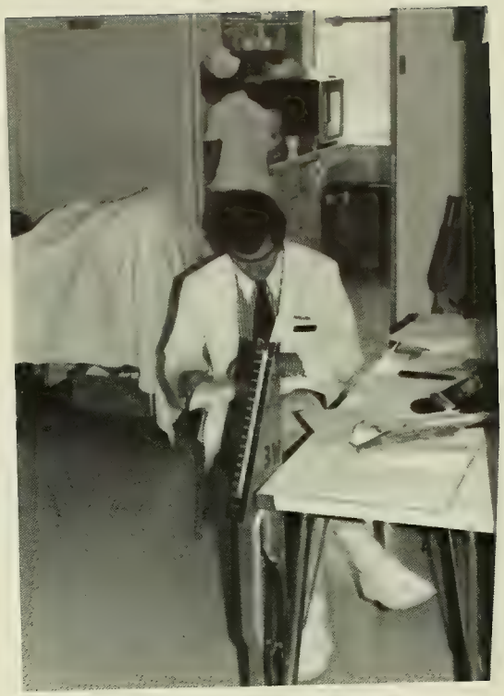
RICHARD H. PLUMMER, D.O.
Wilmington, Delaware
B.S., Penn Morton College



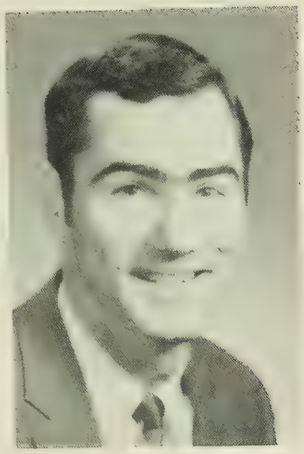
John V. Read

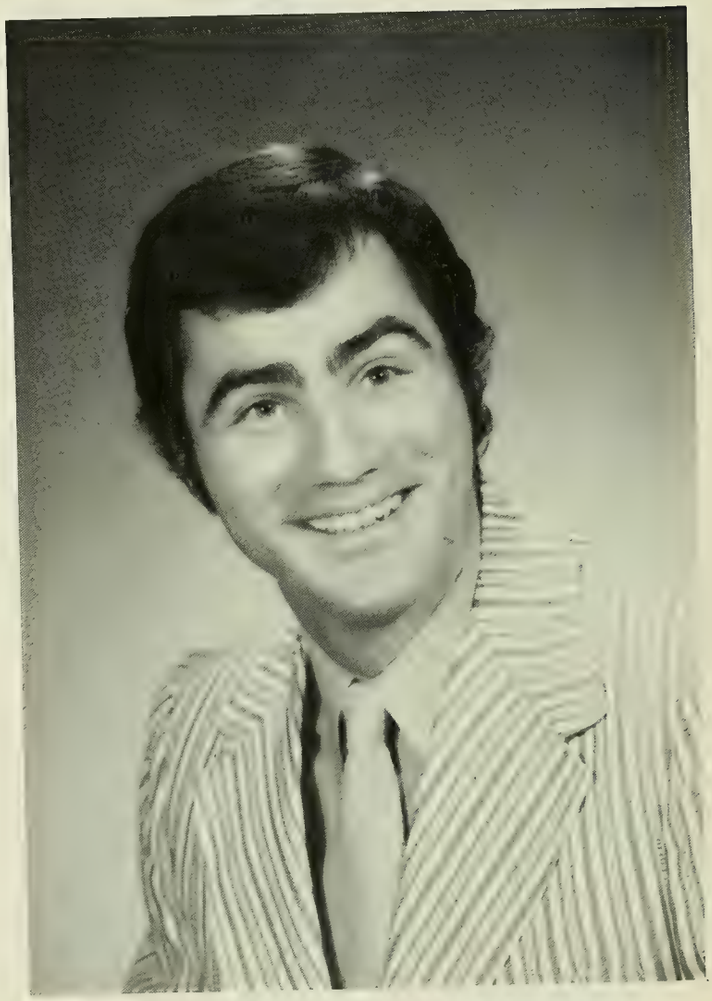


JOHN V. READ, D.O.
Wilmington, Delaware
B.S. Georgetown University



Tom Renny

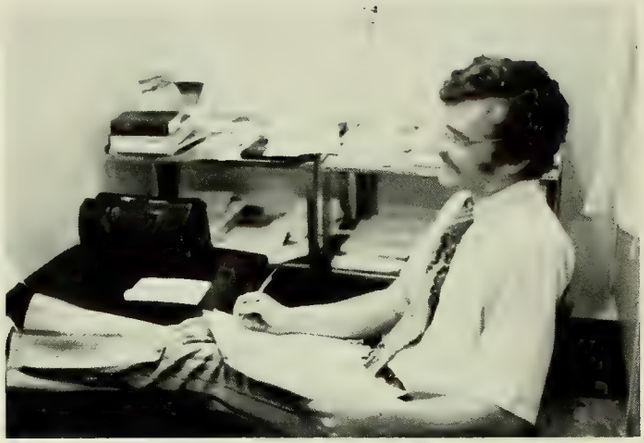




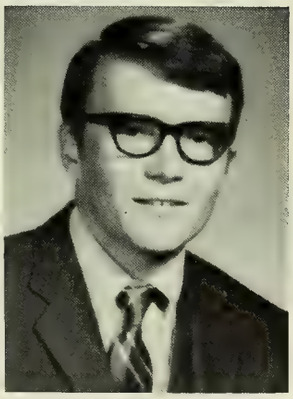
THOMAS F. RENNY, D.O.
Yonkers, New York
A.B., Villanova University

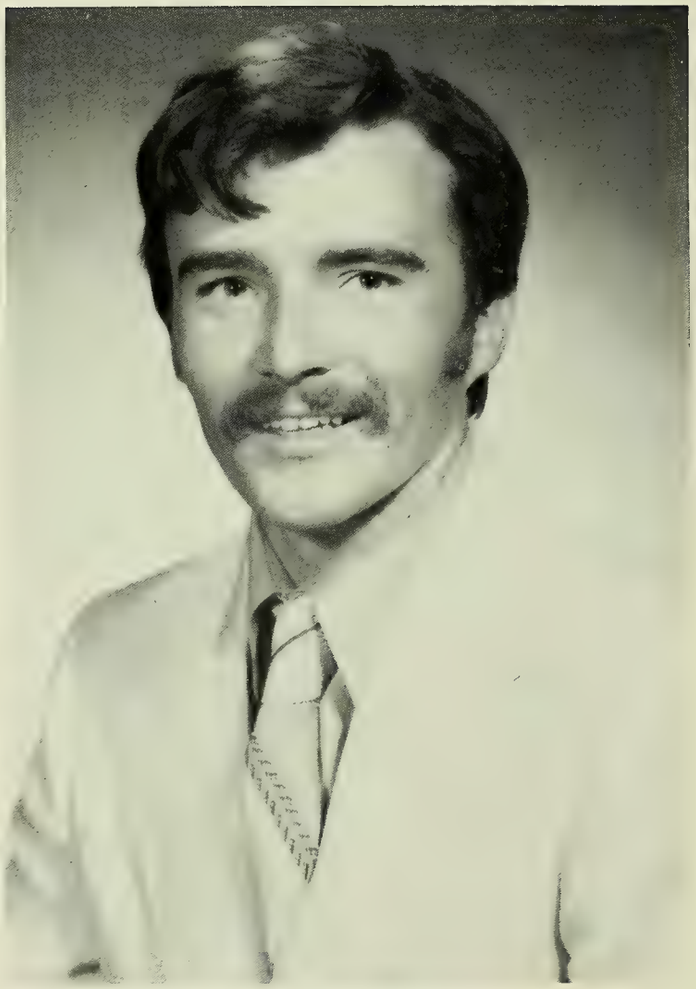
Herman Reyes

HERMAN REYES, D.O.
Houston, Texas
B.S. University of Houston
School of Pharmacy

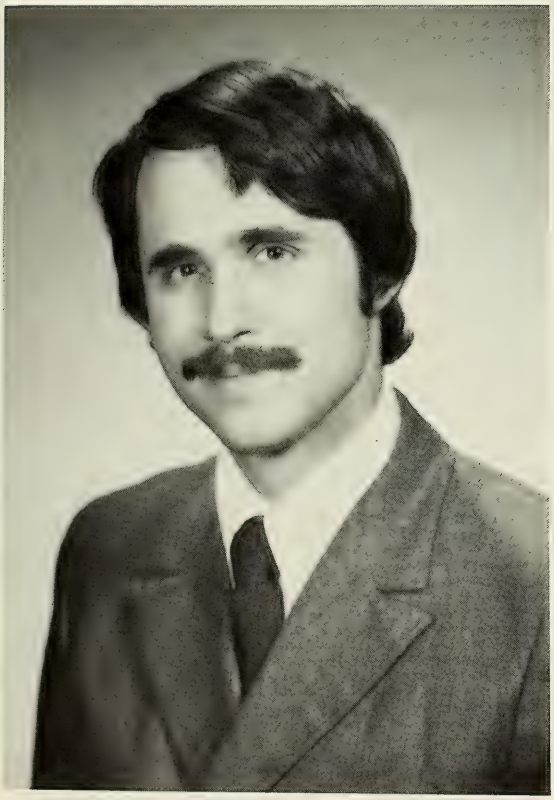


Jerry Reynolds





GERALD E. REYNOLDS, D.O.
Port Allegany, Penna.
B.S., Indiana Univ. of Penna.



David J. Rissmiller

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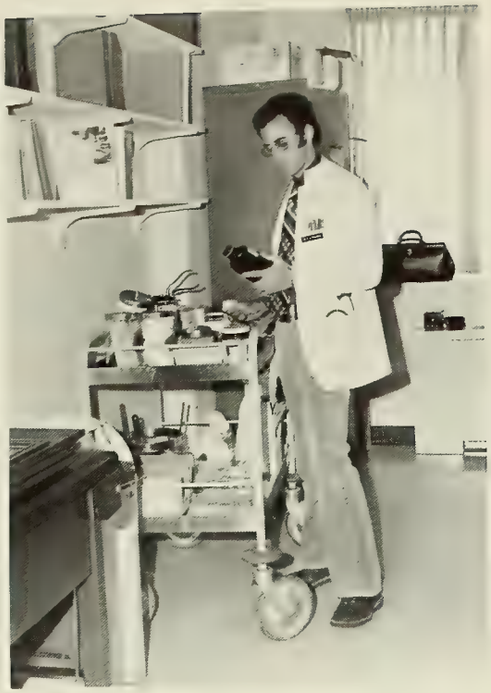
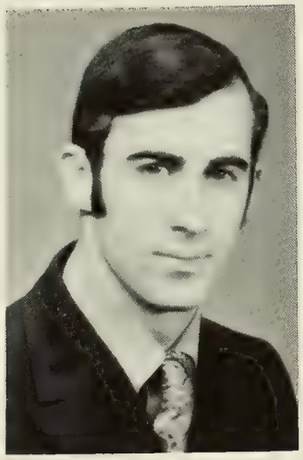
Hatfield, Penna.
B.S., Muhlenberg College



Robert M. Roeshman



ROBERT M. ROESHMAN,D.O.
Bryn Mawr, Penna.
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Lester J. Ruppersberger

L.A. RUPPERSBERGER, D.O.
Philadephia, Penna.
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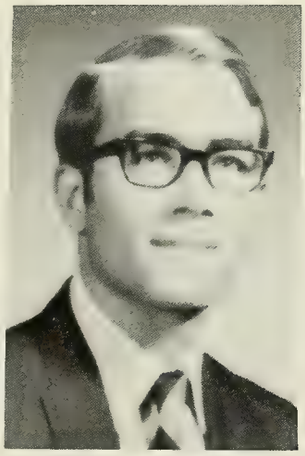
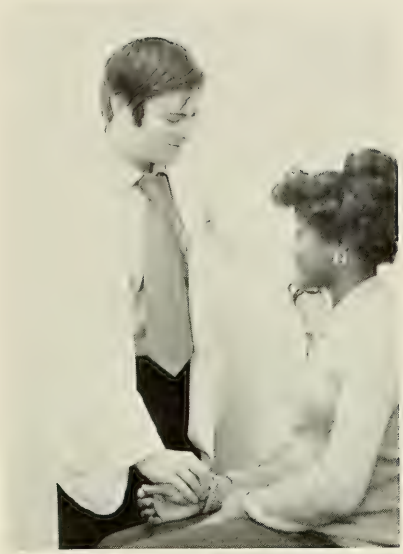
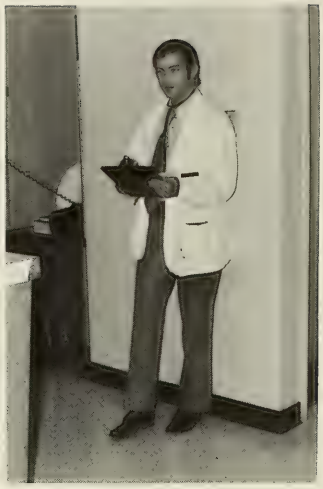
George W. Russian

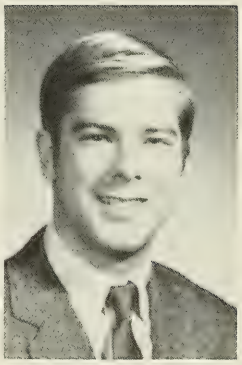


GEORGE W. RUSSIAN, D.O.
Mt. Ephraim, New Jersey
B.S. Ursinus College





Stephen E. Sachs



STEPHEN E. SACHS, D.O.
Abington, Penna.
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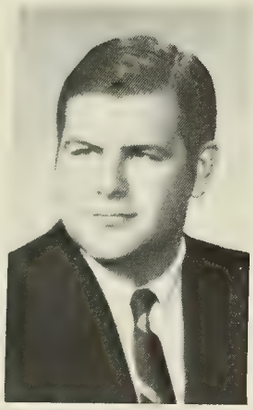
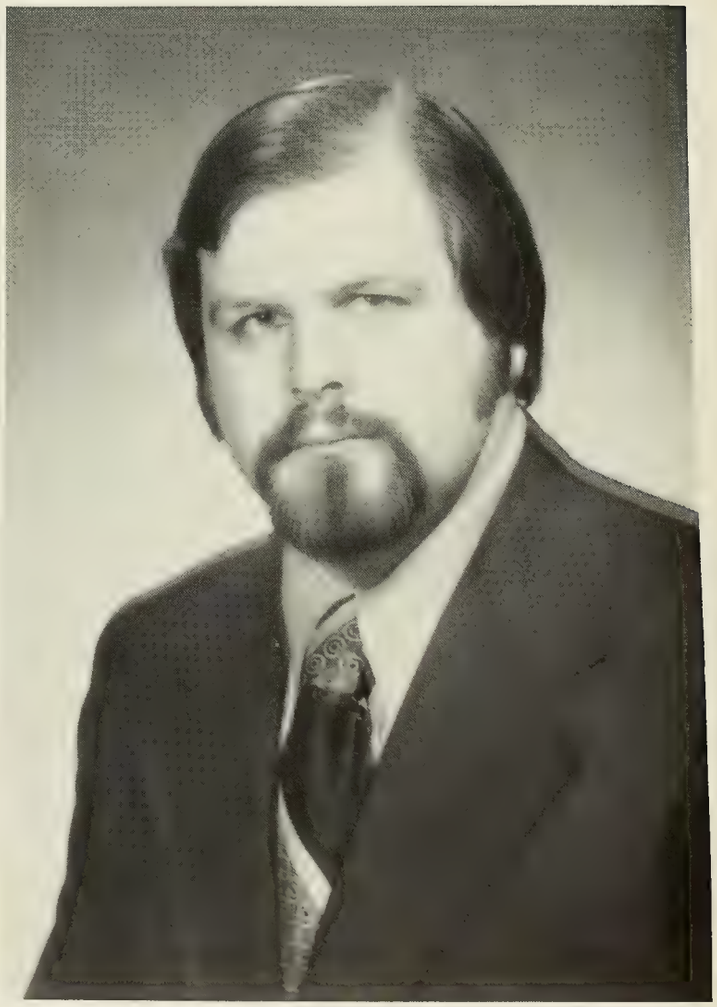
Edward J. Sarama





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Blackwood, New Jersey
A.B. St. Francis College

John Schultz

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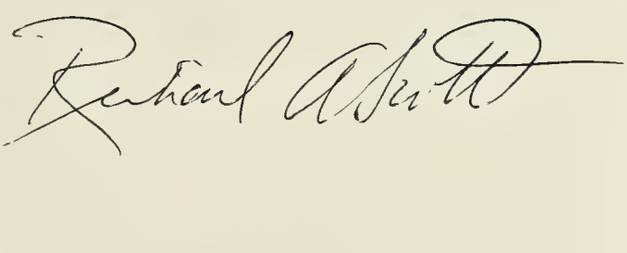
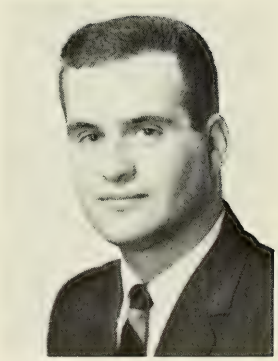


RICHARD A. SCOTT, D.O.
Cranston, R.I.
A.B. Brown U.
M.A. Brown U.

Robert H. Sculthorpe



ROBERT H. SCHULTHORPE, D.O.
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B.S. U. of Nebraska

Mitchell S. Seidman

MITCHELL S. SEIDMAN, D.O.
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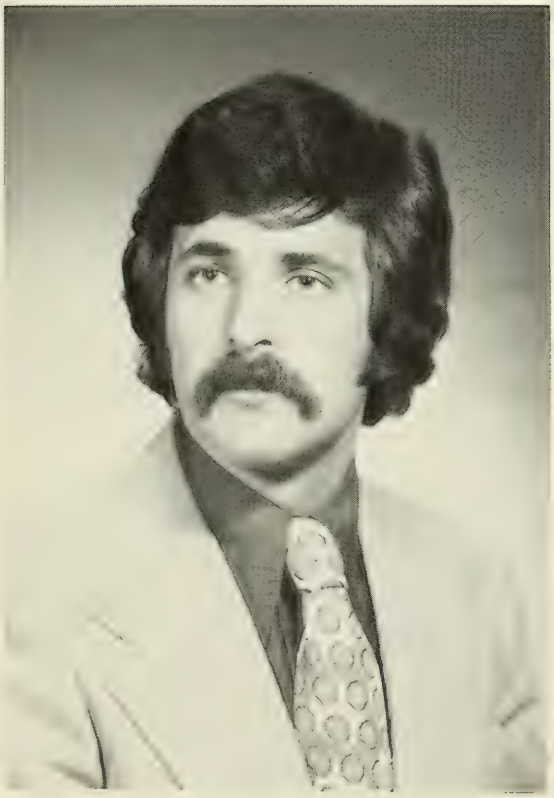

Howard A. Sheldon

HOWARD A. SHELDON, D.O.
Audubon, New Jersey
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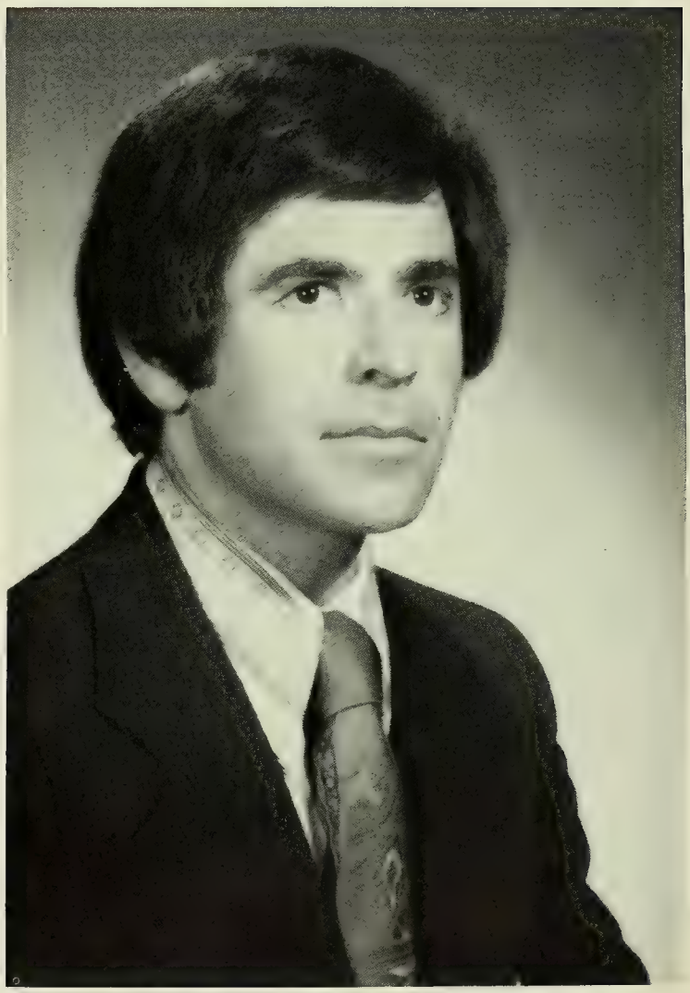
Stanley L. Simpson



STANLEY L. SIMPSON, D.O.
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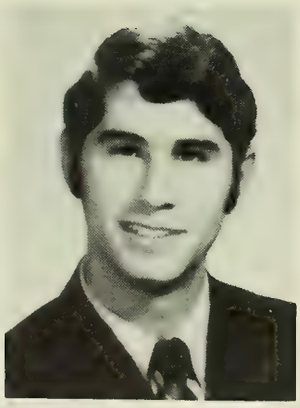
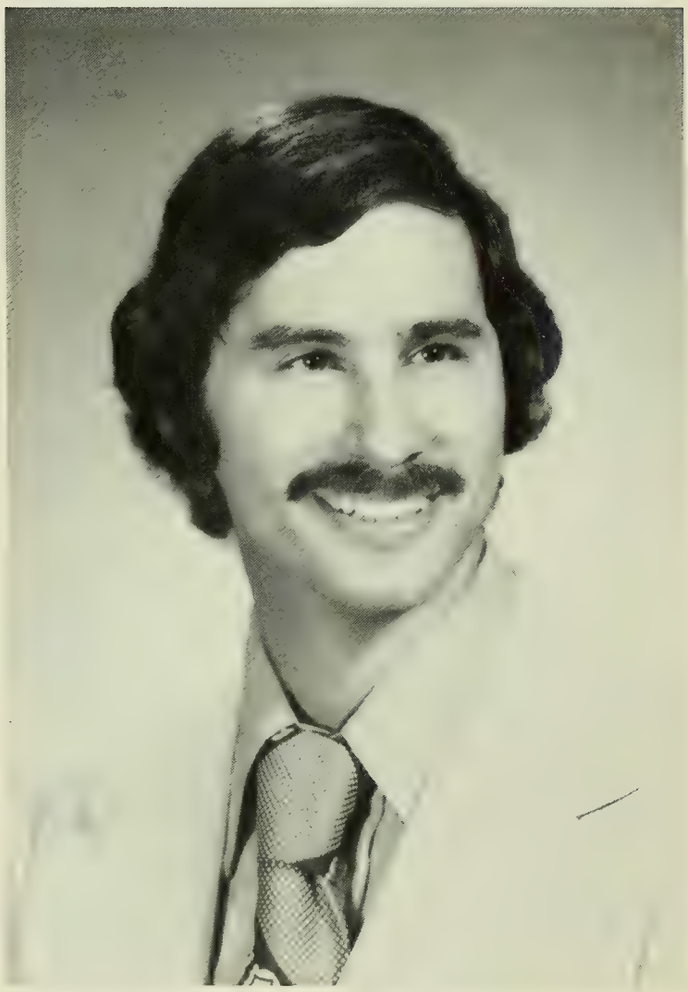
B.S., Temple University

Maurice Singer

MAURICE SINGER, D.O.
Philadelphia, Penna.
A.B., M.A., Temple University

Michael S. Slotoroff





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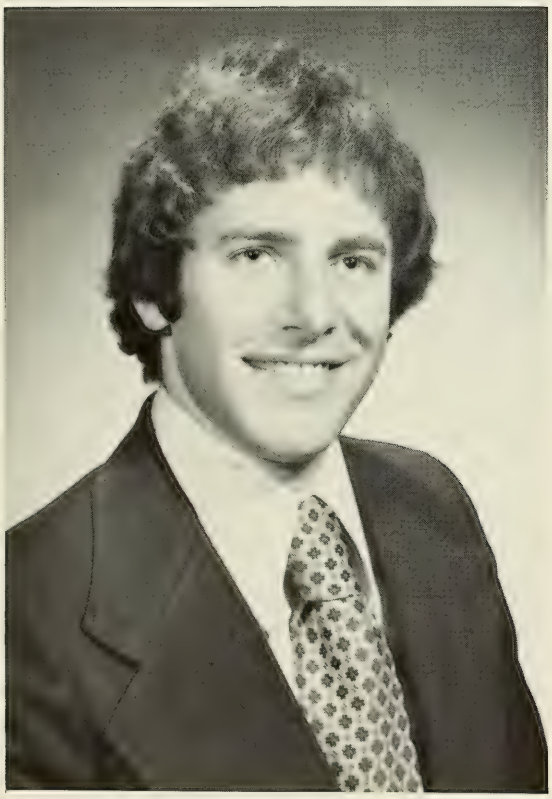
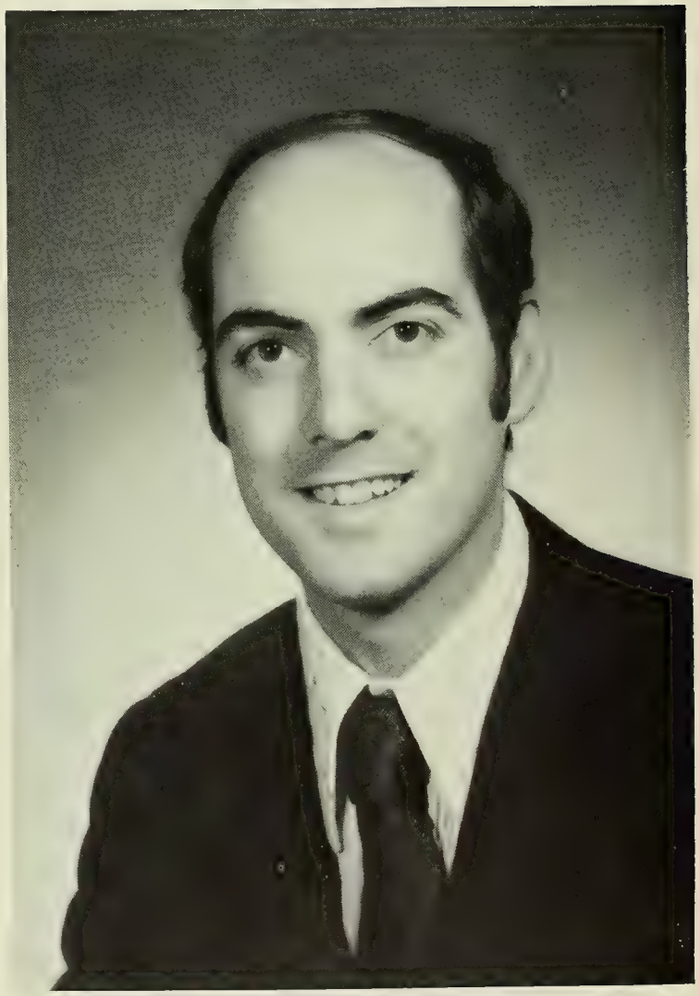
Pleasantville, New Jersey
A.B., West Virginia University



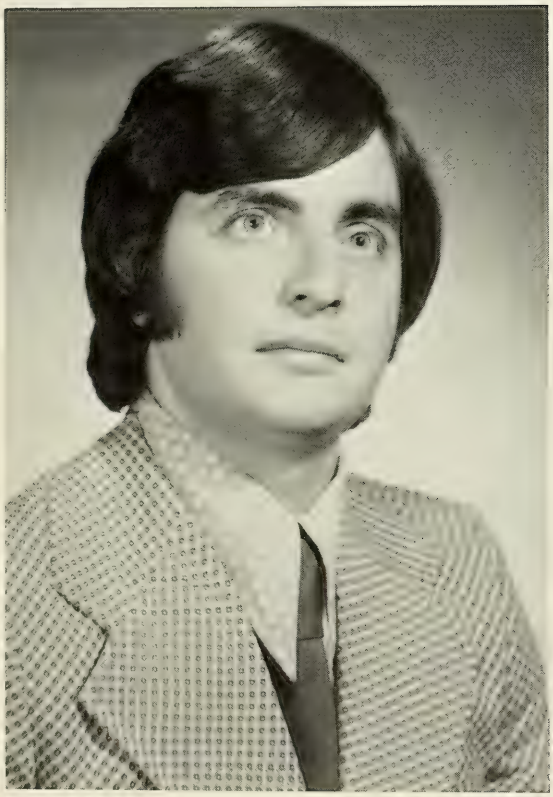
Harvey Alan Soifer

HARVEY A. SOIFER, D.O.
Philadelphia, Penna.
A.B. Temple U.

William J Somerset



WILLIAM J. SOMERSET, D.O.
Audobon, New Jersey
A.B. Seton Hall U.



Dennis M. Spiller

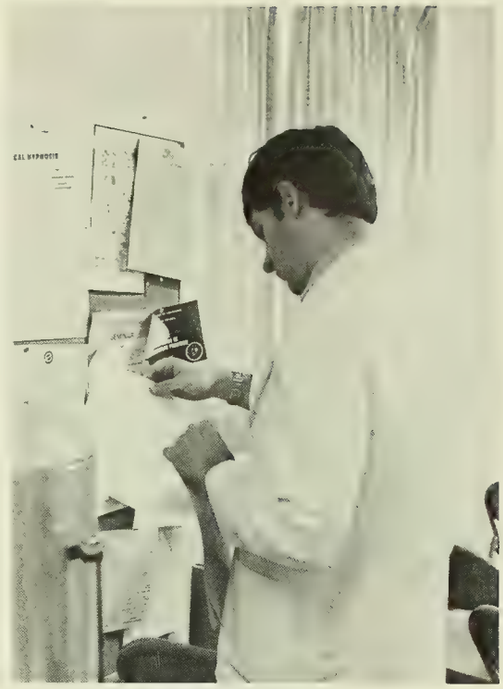
DENNIS M. SPILLER, D.O.
Claymont, Delaware
A.B., University of Delaware

Harvey T. Starr

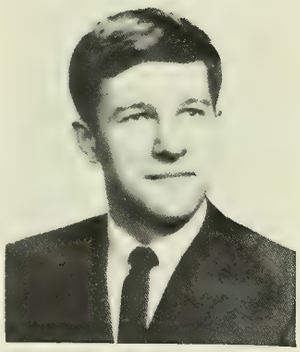
HARVEY T. STARR, D.O.
Philadelphia, Penna.
A.B. Temple U.

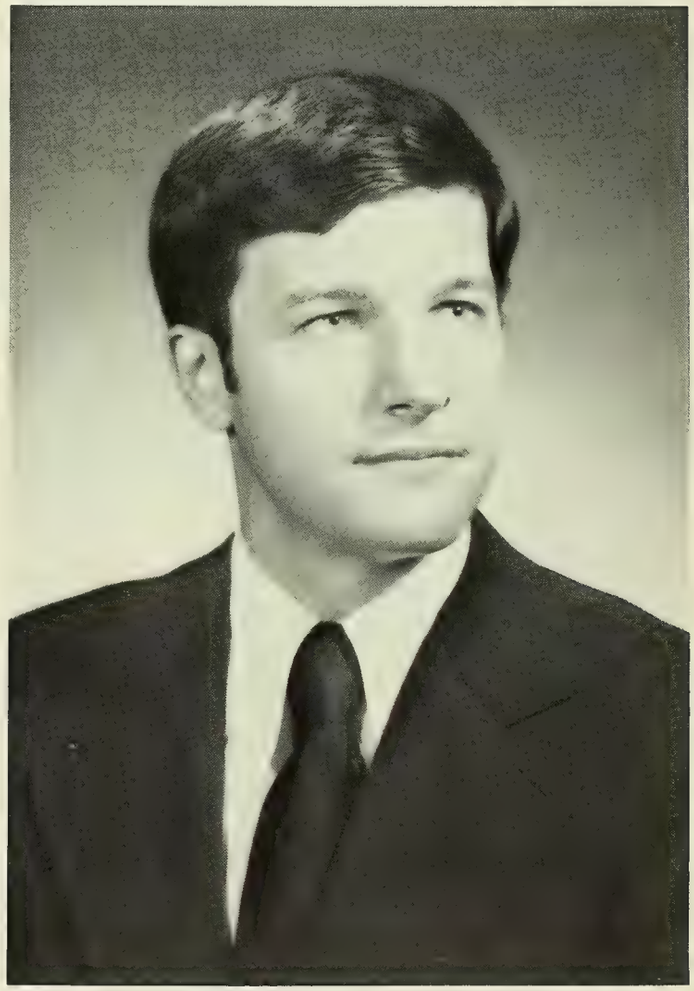
Franklin D. Strong

FRANKLIN D. STRONG, D.O.
Philadelphia, Penna.
A.B., Temple University

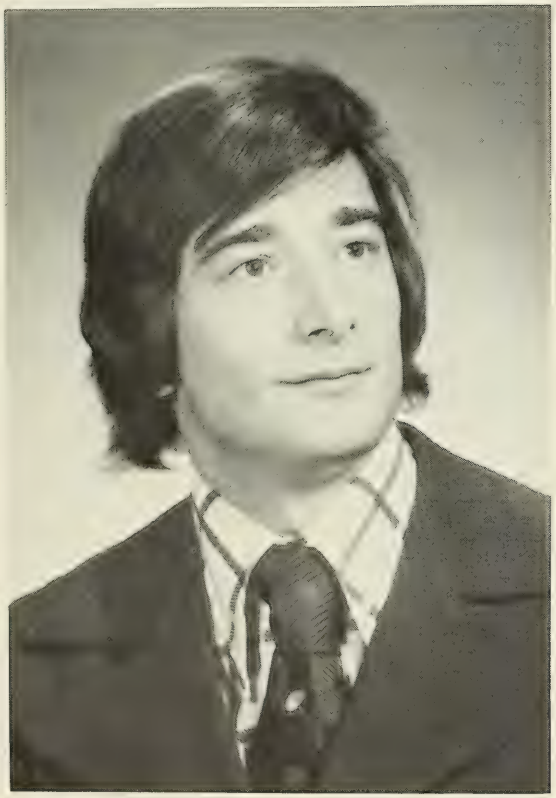


Edward A. Styduhar, Jr.



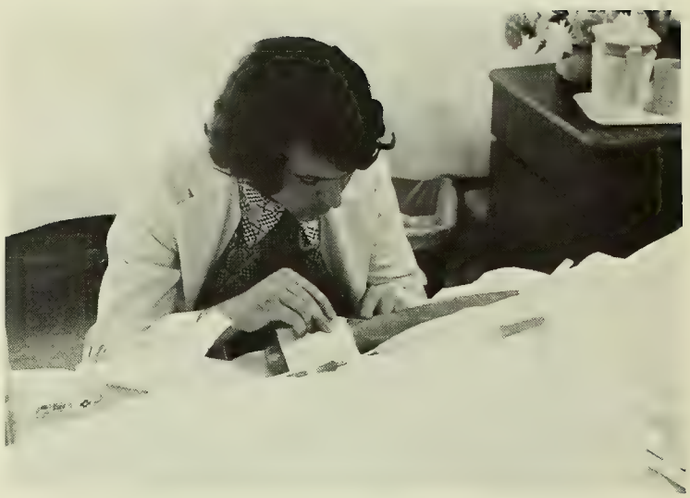


EDWARD A. STYDUHAR JR., D.O.
Sharon, Penna.
B.S. Grove City College

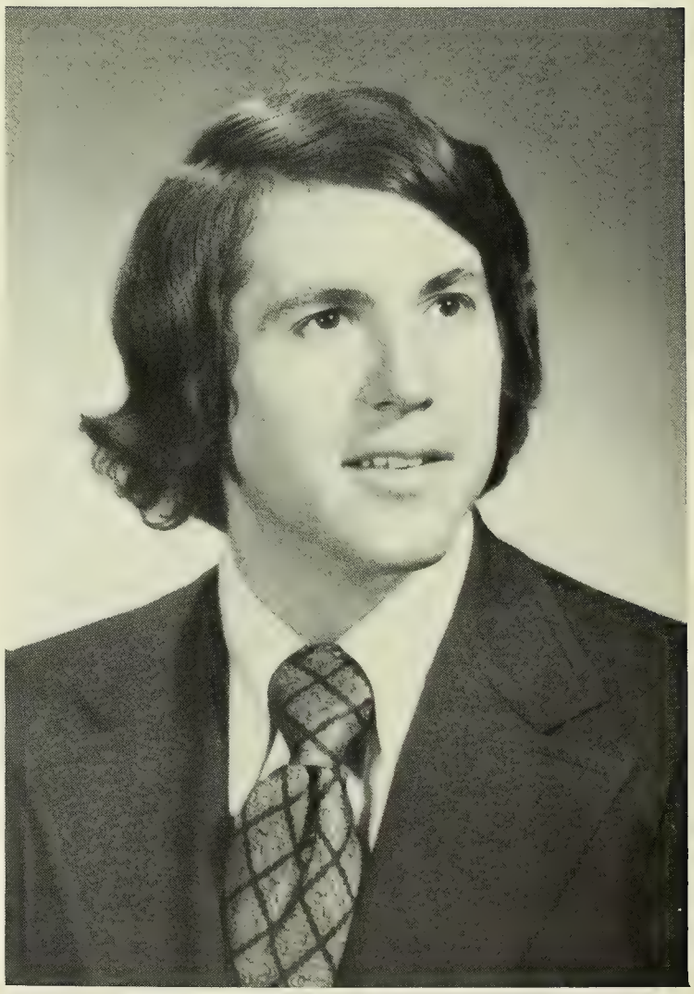


Garry F. Sussman

GARRY F. SUSSMAN, D.O.
Philadelphia, Penna.
A.B., Temple University

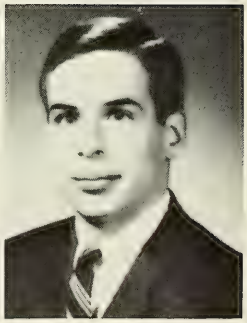


Michael Tanitsky



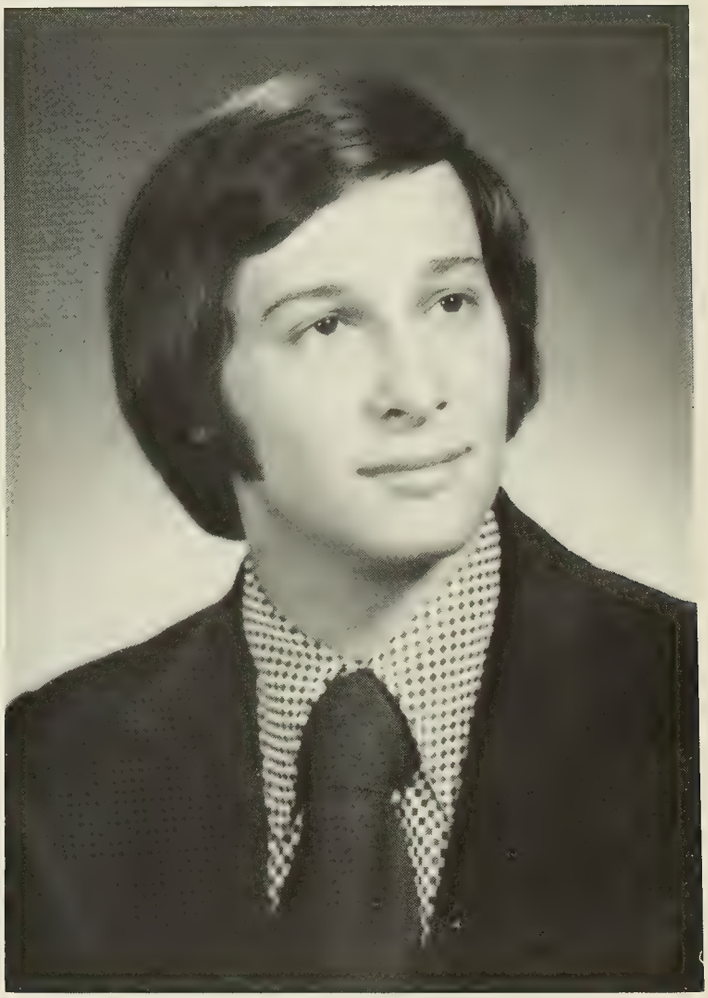
MICHAEL TANITSKY, D.O.
Cynwyd, Penna.
A.B. Pennsylvania State U.

Edward Taxin

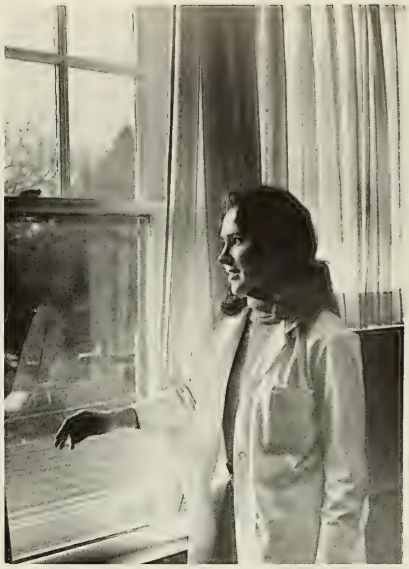


EDWARD TAXIN, D.O.
Philadelphia, Penna.
B.S. Muhlenberg College

Marc E. Tennenbaum

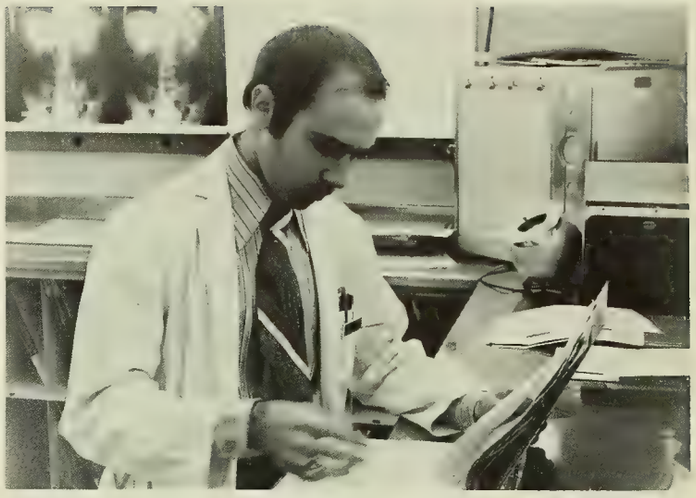


MARC E. TENNENBAUM, D.O.
Philadelphia, Penna.
A.B., Franklin College

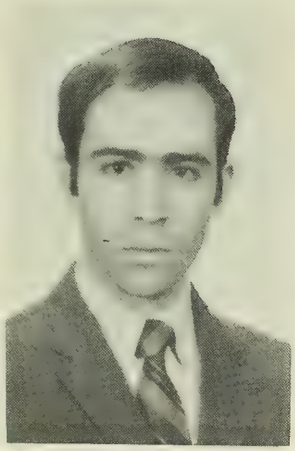


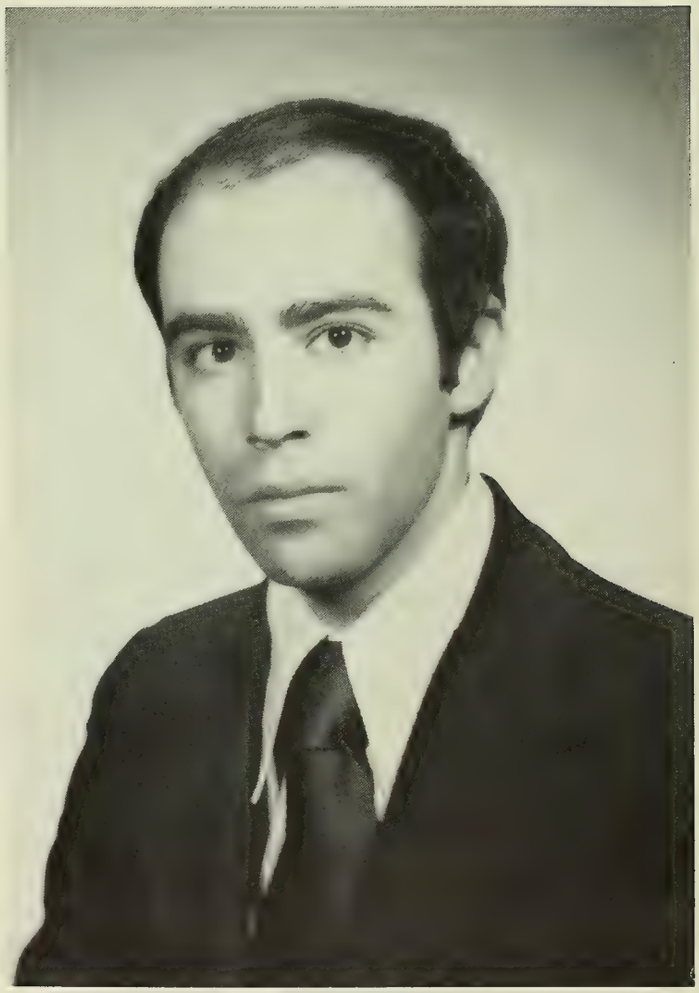
Mary Jude Teter

MARY JUDE TETER, D.O.
Jessup, Penna.
A.B., Temple University

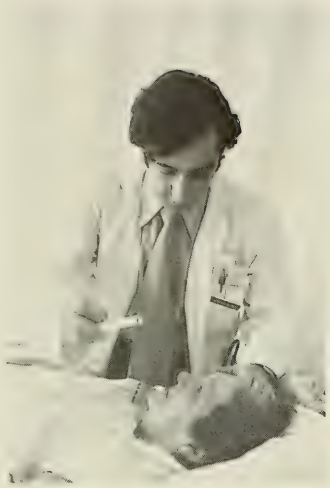


Joseph Thomas Tretta

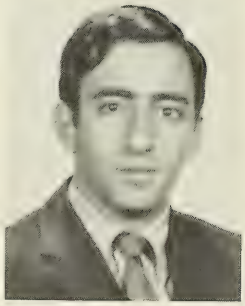




JOSEPH T. TRETTA, D.O.
Drexel Hill, Penna.
B.S., St. Joseph's College

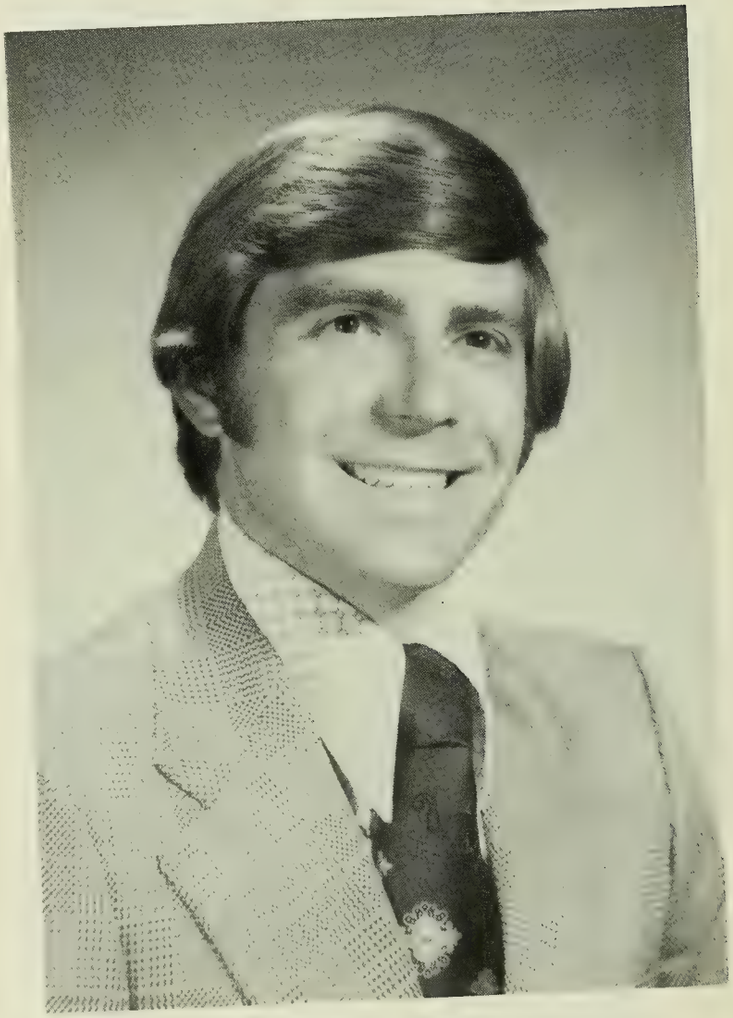


Nicholas D. Tretta, Jr.

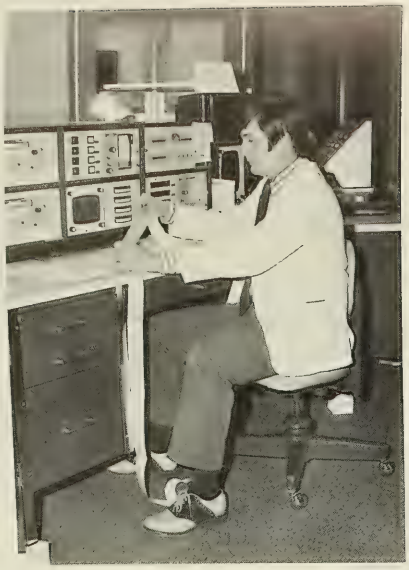


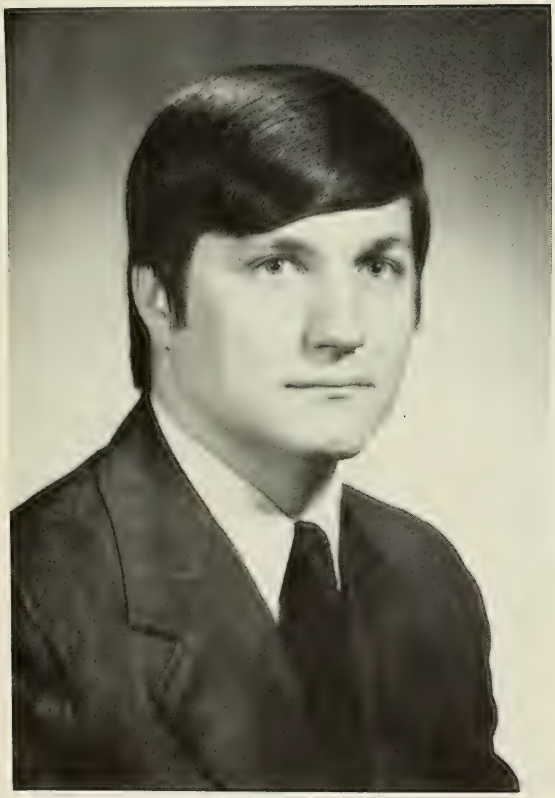
NICHOLAS D. TRETTA, D.O.
Drexel Hill, Penna.
A.B. Villanova University

Richard G. Tucker

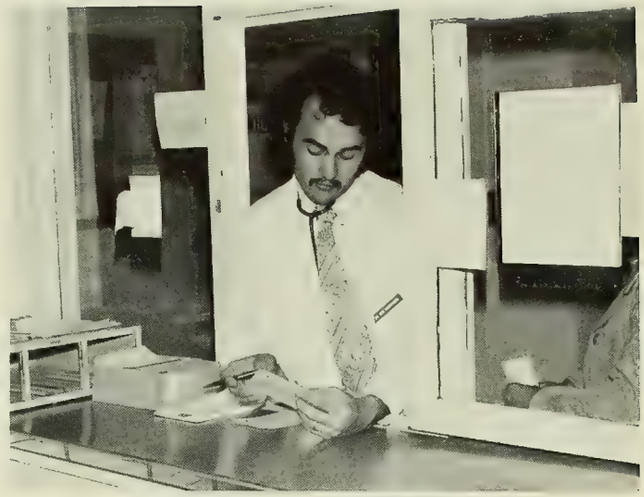


RICHARD G. TUCKER, D.O.
Cheltenham, Penna.
A.B., LaSalle College

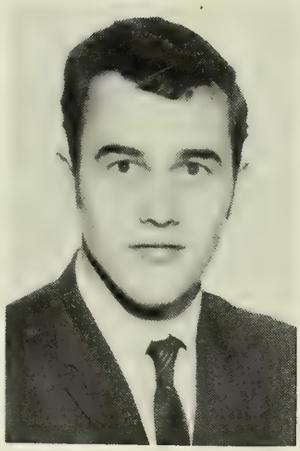


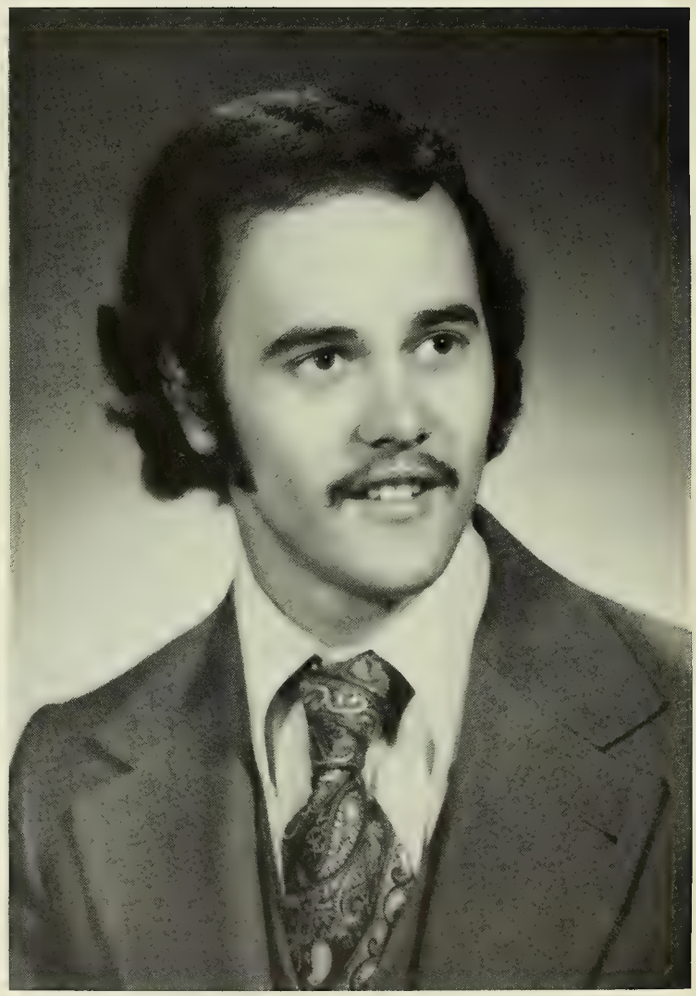


NEIL B. TYTLER, D.O.
Pottstown, Penna.
B.S., Ursinus College

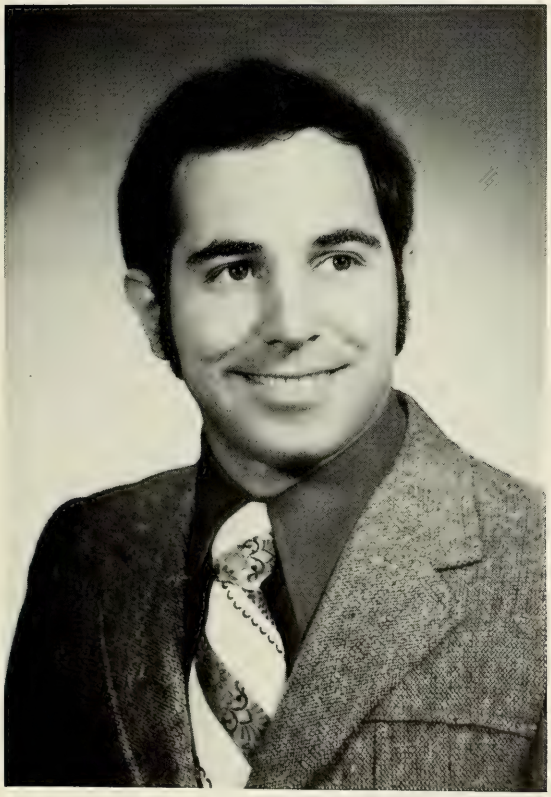


Donald P. Underwood

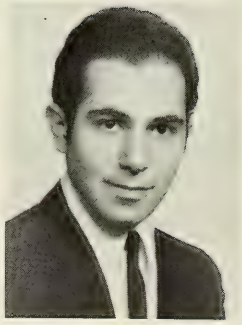




DONALD P. UNDERWOOD, D.O.
Pennsauken, New Jersey
A.B., Rutgers State University

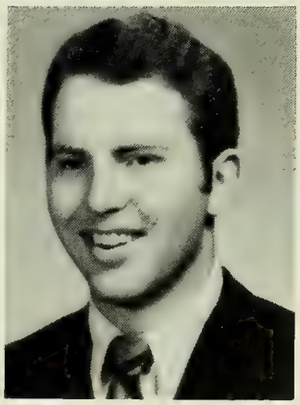


Edward J Vecchione

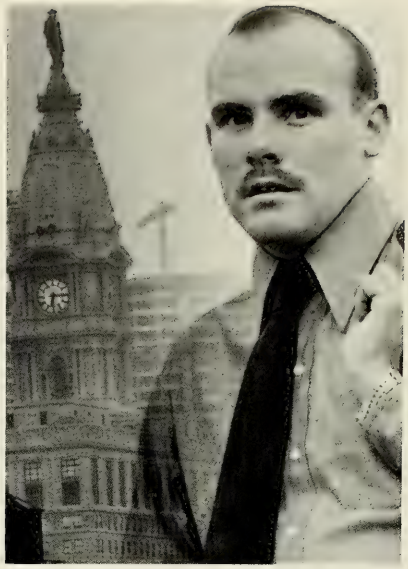


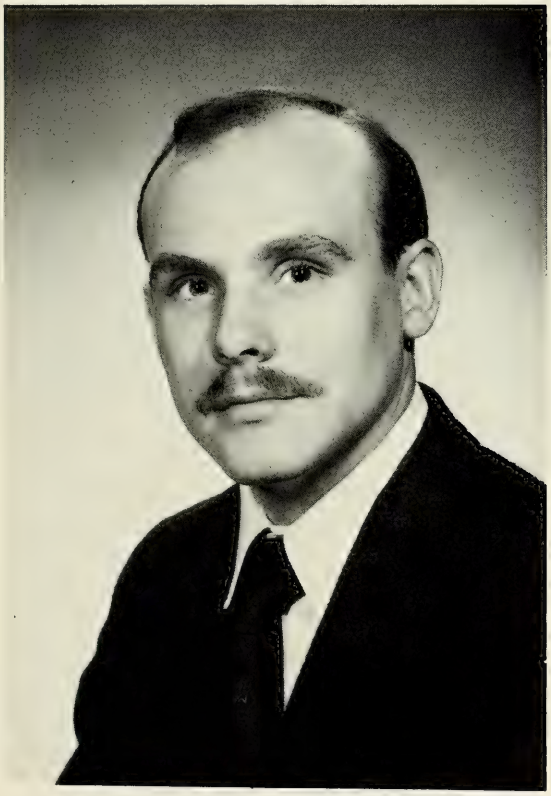
EDWARD J. VECCHIONE, D.O.
Newark, New Jersey
A.B., Seton Hall University

George D. Vermeire

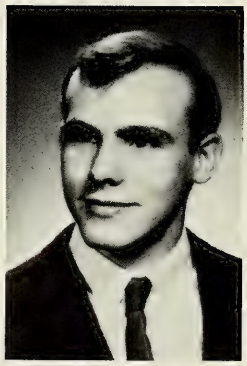


GEORGE D. VERMEIRE, D.O.
West Middlesex, Penna.
B.S., University of Pittsburgh



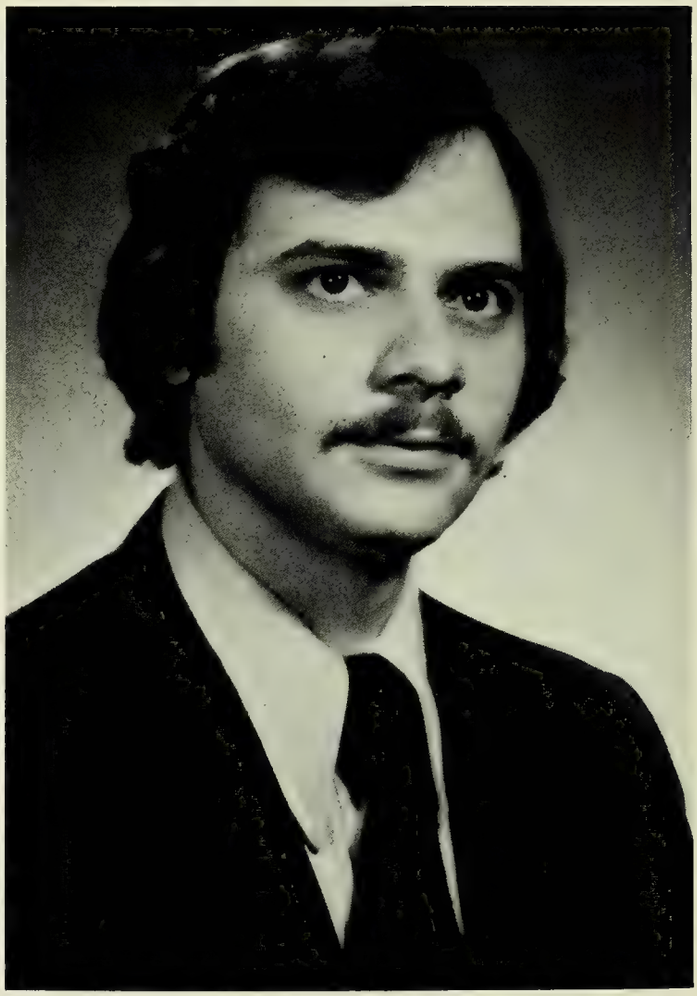


Glenn N Wagner

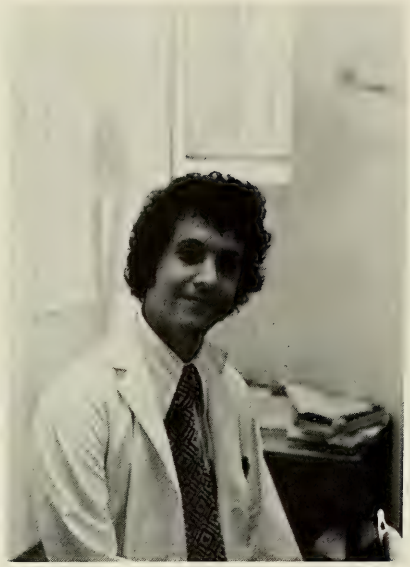


GLENN N. WAGNER, D.O.
Philadelphia, Penna.
A.B. Temple U.

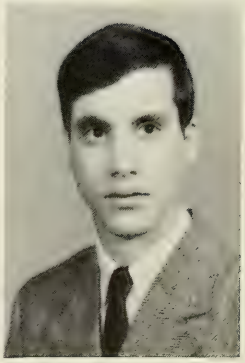
Jay Weitberg



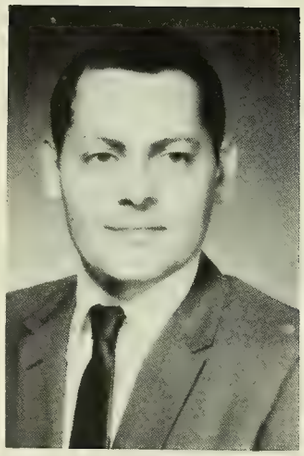
JAY H. WEITBERG, D.O.
Cherry Hill, New Jersey
B.S., PMC Colleges



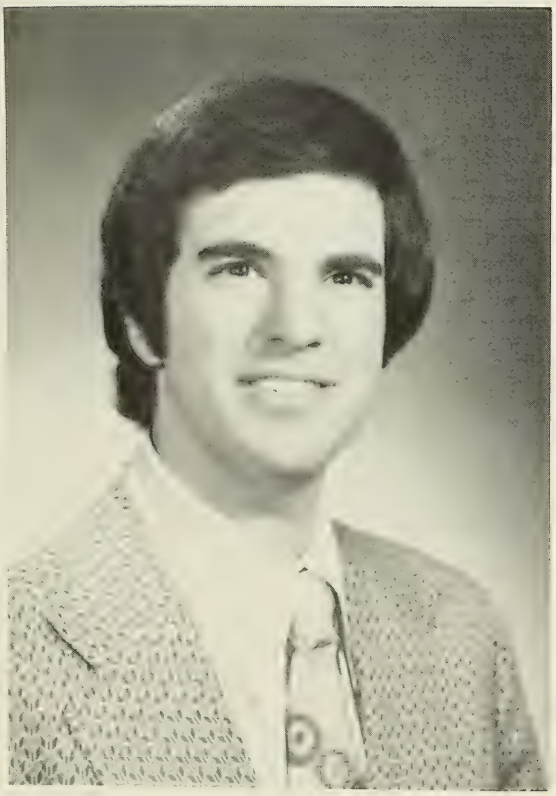
Kenneth D. Winokur



KENNETH D. WINOKUR, D.O.
Philadelphia, Pa.
B.S. Ogelthorpe College

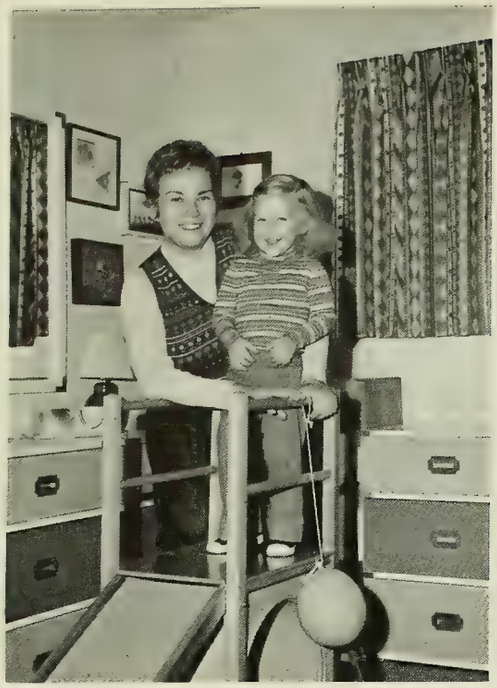


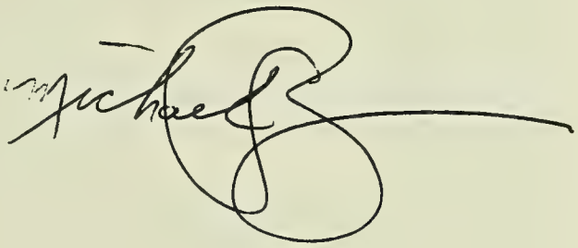
GARY GLEN WRIGHT, D.O.
Eagle Lake, Texas
B.S., Pharm., Univ. of Houston
School of Pharmacy

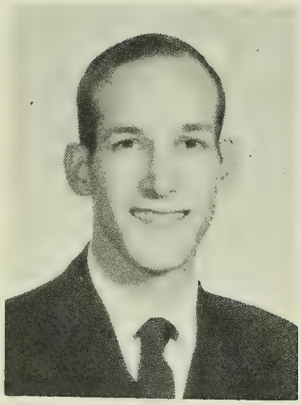


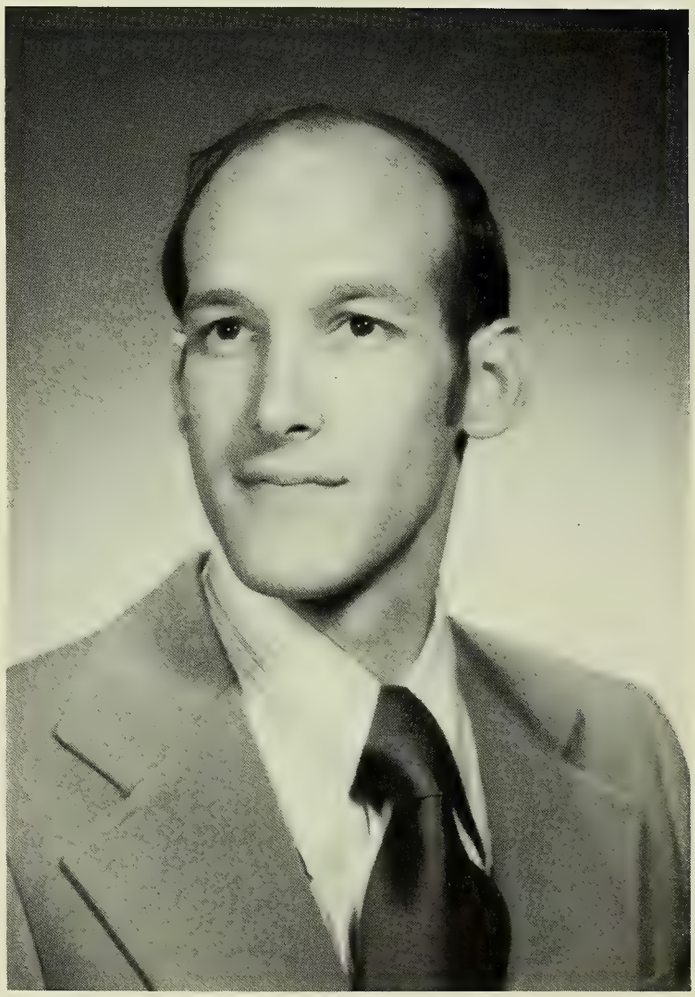
Dennis B. Zaslow

DENNIS B. ZASLOW, D.O.
Havertown, Penna.
B.S., Albright College









MICHAEL A. ZIEV, D.O.
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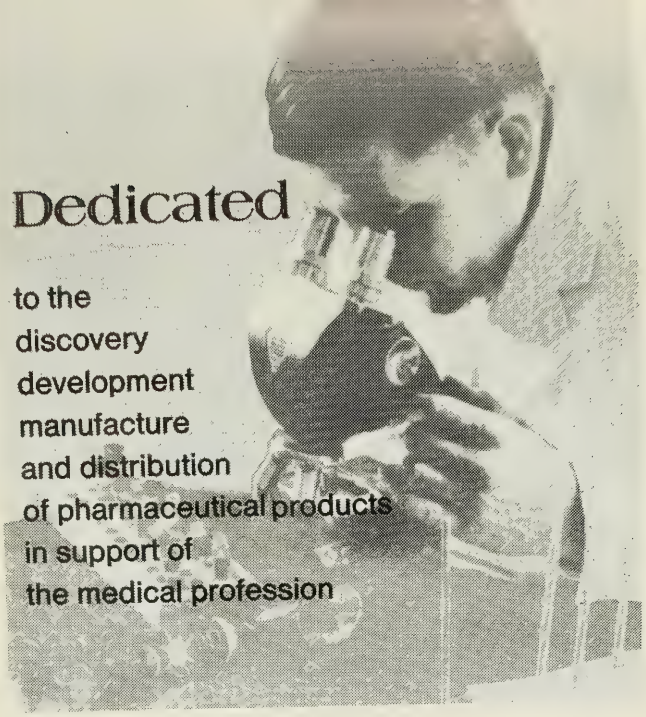

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COURSE OUTLINE

Session I — Introduction and Tour
Head and Neck Examination
Session II — Isotopes in Cancer Detection
Colo-rectal Cancer
Session III — Breast Cancer — Mammography and Thermography
Lymphangiography
Session IV — Pelvic Malignancy
Session V — Lung Cancer

GROUP SCHEDULE

Group 1 -	Sept. 4, 1974
Group 2 -	Oct. 9, 1974
Group 3 -	Nov. 13, 1974
Group 4 -	Jan. 8, 1975
Group 5 -	Feb. 12, 1975
Group 6 -	Mar. 19, 1975
Group 7 -	Apr. 30, 1975

This postgraduate course has been in progress since May 1968 under the sponsorship of the American Cancer Society. Approximately 400 physicians have participated with enthusiasm.

The program is designed to offer the practicing physician a concentrated view of the cancer problem and to help him sharpen his detection techniques and acquire new abilities in connection with special examinations such as indirect mirror laryngoscopy, proctosigmoidoscopy and mammography.

Participants will examin patients under the supervision of the teaching staff. The emphasis is on practical application in daily medical practice.

Upon completion of the course, each participant receives a certificate.

COURSE HELD AT: American Oncologic Hospital
Central & Shelmire Avenues
Philadelphia, Pa. 19111

For Further Information Call:
Mrs. Shirley Dowburd
RA 2-1900 Ext. 345

CONGRATULATIONS
To The
Class of 1974

METROPOLITAN HOSPITAL

201 North Eighth Street
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A Non-Profit Osteopathic General Hospital
Accredited For Intern And Residency Training

MILESTONES IN MEDICINE
presents
Dermatology Rounds

This student clearly demonstrates:

a) Terminal acne.
b) Senile keratosis in a 65 year old freshman.
c) The result of sitting for two years on the custom designed seats in 201.

MILESTONES IN MEDICINE
presents
Radiology Rounds

This patient presents to you complaining of fullness in the lower adomen. Your first question to him should be:

a) Do you know where your bowling ball is?
b) Do you like playing with balloons?
c) What type of insurance do you have?

GRAND RAPIDS
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A GREAT PLACE FOR: TRAINING, LIVING PRACTICE

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Anesthesiology	Otorhinolaryngology
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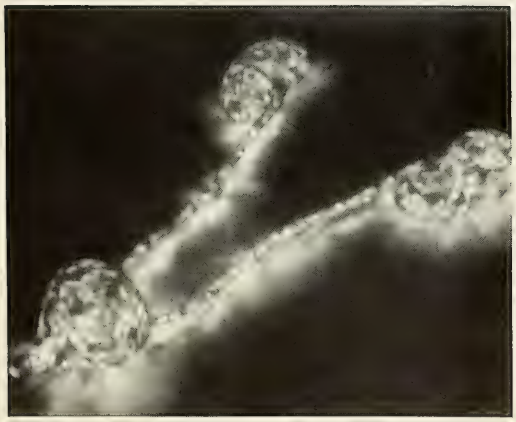

MILESTONES IN MEDICINE
presents
For the first time anywhere!
Dr. Finkelstein's family crest.

MILESTONES IN MEDICINE
presents
Forgetable Moments In Medicine

Which of the following would you most likely wish to forget?

a) These boots were once worn by Smilin' Ed in that memorable film epic, How To Make Friends and Influence Seniors.
b) These boots were found in the Barth Pavilion kitchen at the bottom of a vat of Vegetable Surprise soup.
c) A noted P.C.O.M. surgeon wears these boots while operating.

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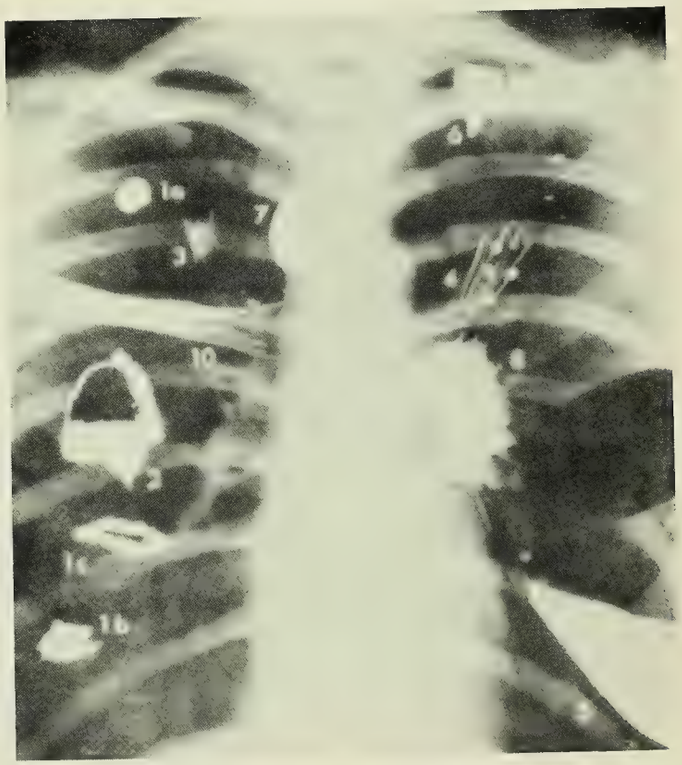
Otophinolaryngology	Urology

MILESTONES IN MEDICINE
presents
O.P. & P. Rounds

Choose the correct statement:

a) This patient is being fitted for a total spinal prosthesis.
b) This senior student began the 1st year with the spine on the left and four years of O.P.&P. Lab cured her troubles.
c) This patient is living proof that Webster's Triped Theory could use another leg to stand on.
d) This patient knows that gentlemen prefer Hanes.



MILESTONES IN MEDICINE
presents
Pulmonary Rounds

The best interpretation for this chest X-ray is:

a) Normal Pa chest film.
b) Something contrived by Dr. Meals for Radiology I.
c) An example of what good Philadelphia air can do to you.
d) Cook at Barth Pavilion cafeteria.

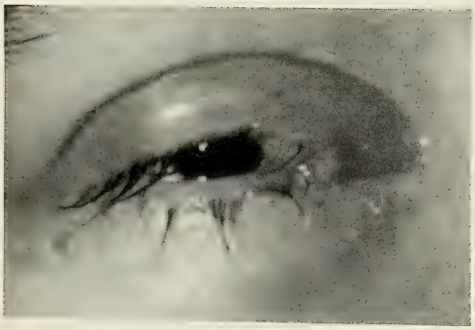
BEST WISHES FROM
THE STAFF OF

ALLENTOWN OSTEOPATHIC
HOSPITAL

MILESTONES IN MEDICINE
presents
One Picture Is Worth 1000 Words.

This man has just:

a) Eaten lunch at the P.C.O.M. cafeteria.
b) Heard that P.C.O.M. was about to award an honorary D.O. degree to Spiro Agnew.
c) Learned that his daughter is a professional wrestler.
d) Learned that he will be Dr. G's understudy at the 48th Street Clinic.



MILESTONES IN MEDICINE
presents
Opthalmology Rounds

This patient presents with eye pain and excessive tearing. The best diagnosis would be:

a) A second year student trying to stay awake during a Physiology lecture.
b) A P.C.O.M. professor who told some freshman girls that they should quit school and devote more time to their families.
c) A fourth year student after two weeks of night duty at Barth Pavilion.

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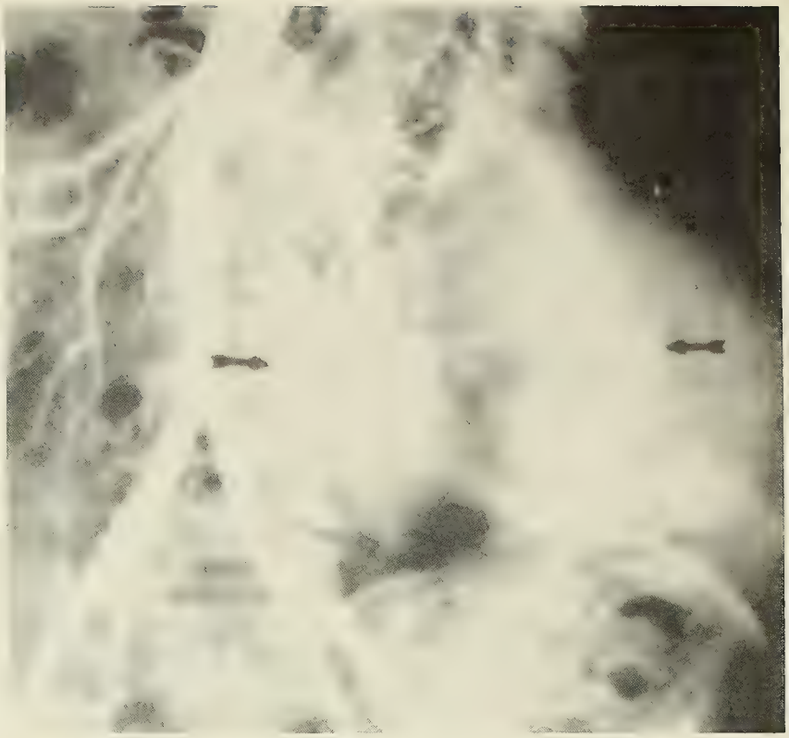
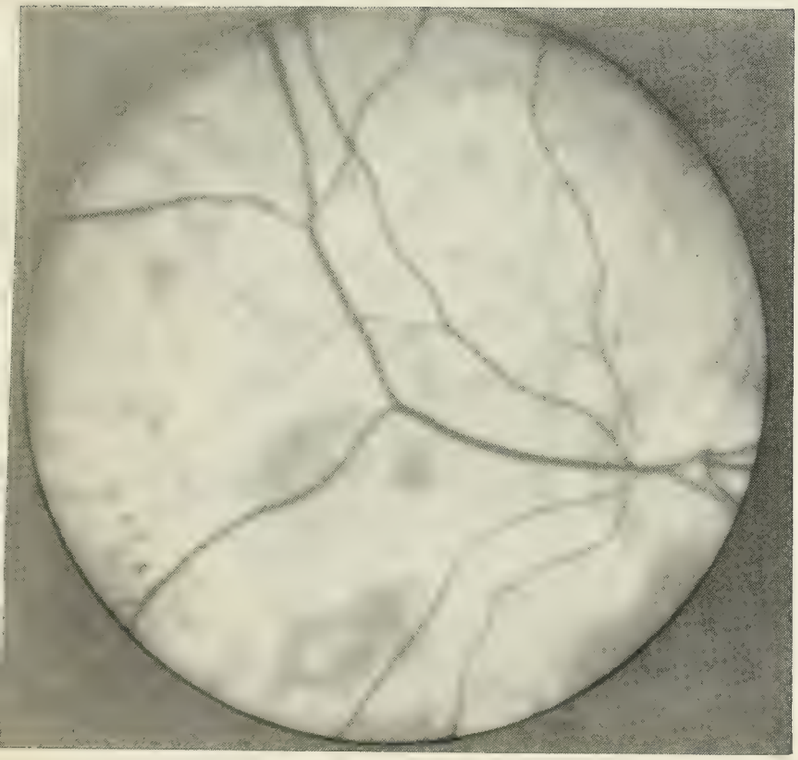


MILESTONES IN MEDICINE
presents
A Medical Milestone Newsflash!

Synapsis answers the unanswerable question: Just where does that enema water go?

As depicted by the arrows, for the first time ever, actual intra-splenic absorption of a two quart saline Pediatric enema!



MILESTONES IN MEDICINE
presents
Fundascopic Rounds

Can you diagnose this interesting bit of pathology?

a) Student Council map showing the most direct route to Mermaid Lake.
b) An aerial view of proposed traffic patterns on the P.C.O.M. campus.
c) Something served for breakfast in the Barth Pavilion cafeteria.

LANSING GENERAL HOSPITAL

OSTEOPATHIC

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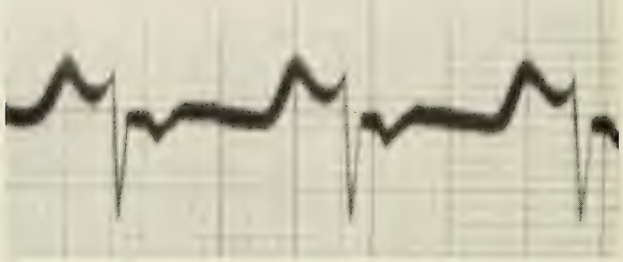

MILESTONES IN MEDICINE
presents
EKG Rounds

A 28 year old white male presents to you with retrosternal chest pain. The most likely causitive factor would be:

a) Rejection by Harvard Medical School where his father is Director of Admissions.
b) He was told that he will be required to repeat his senior year rotations at City Line.
c) He was told that he matched 3rd choices with P.C.O.M. for an internship.

MILESTONES IN MEDICINE
presents

"What's the beef number on your pink slip, dear?"
This clinic patient seems to be saying:

a) But the other doctors never let me go seven weeks between appointments!
b) I don't care if it is free, you're not putting me into any Proctology Clinic.
c) In case you're interested, honey, my maiden name was Still.

MT. CLEMENS GENERAL HOSPITAL

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"If I only had one year to live I'd spend it in Philadelphia because it would seem like a lifetime!"

W.C. Fields

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REMOVE CHAIRS
FROM THIS AREA
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REMOVE CHAIRS
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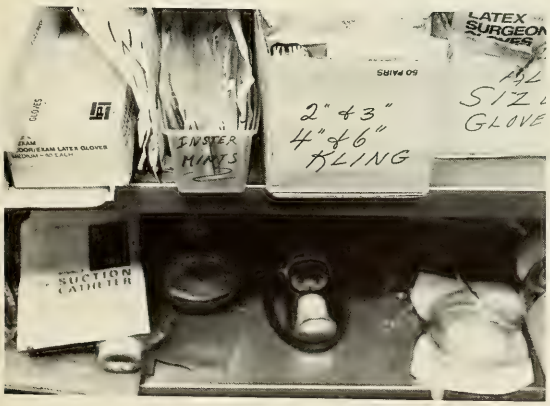
LATEX
SURGEON
50 PAIRS
2" & 3"
4" & 6"
KLING
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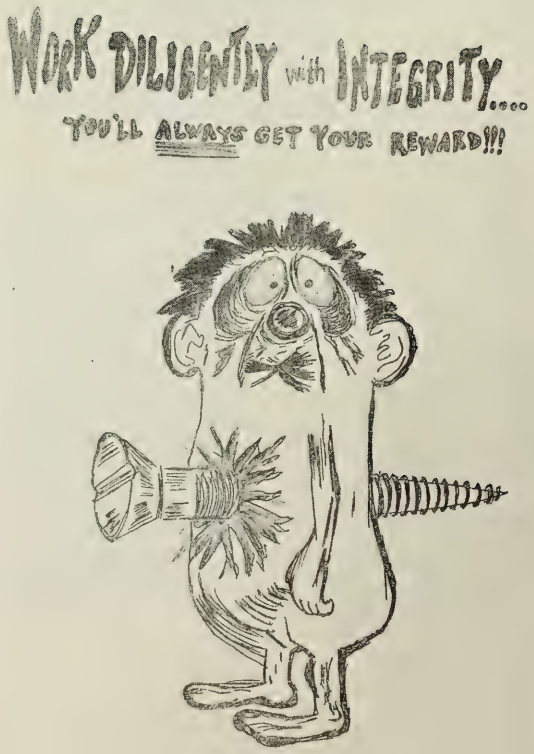
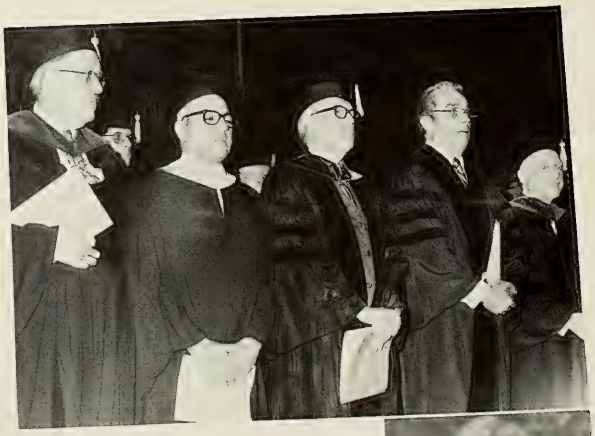
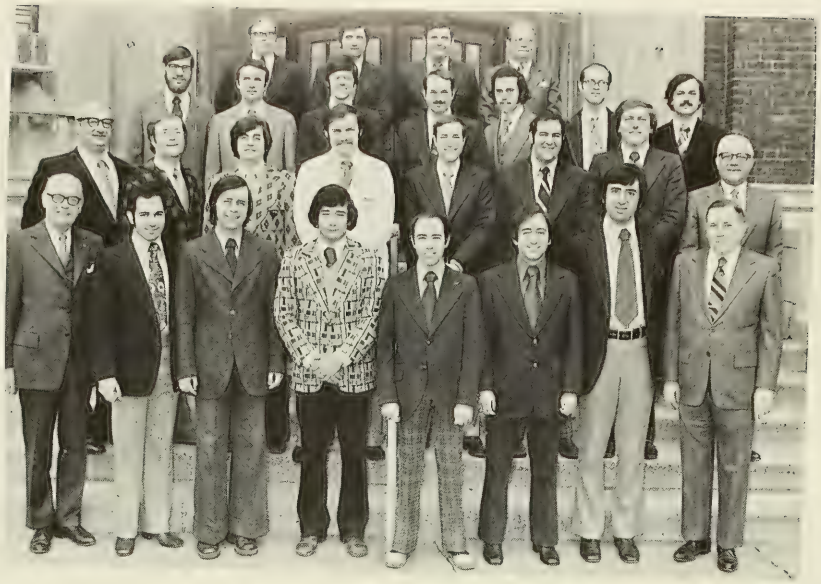

WORK DILIGENTLY with INTEGRITY....
YOU'LL ALWAYS GET YOUR REWARD!!!

DISCHARGE 1974





SIGMA SIGMA PHI
ZETA CHAPTER

Larry A. Antolick
Donald A. Barone
Luther E. Beil
H. William Bonekat
David E. Bruce
Harry J. Bruley
David H. Clymer
Irving M. Cohen
William K. Daiber
Charles E. Darowish
Norman A. Dean
Nicholas J. Dragann
Joseph C. Gambone

James M. Harnden
Daniel D. Janiak
Richard A. Johnson
Richard A. Scott
Mitchell S. Seidman
Maurice Singer
Dennis M. Spiller
Edward A. Styduhar, Jr.
Garry F. Sussman
Joseph T. Tretta
Nicholas D. Tretta, Jr.
Donald P. Underwood
Edward J. Vecchione

Internship Appointments, 1974

Andrews, Charles T.	Allentown Osteopathic Hospital, Allentown, Pa.
Antolick, Larry A.	Allentown Osteopathic Hospital, Allentown, Pa.
Baker, Thomas E.	Doctors Hospital, Columbus, Ohio
Barone, Donald A.	John F. Kennedy Memorial Hospital, Stratford, N.J.
Beil, Luther E.	Allentown Osteopathic Hospital, Allentown, Pa.
Bell, Joseph W.	Albany Medical Center, Albany, N.Y.
Berger, Neil J.	Metropolitan Hospital, Philadelphia, Pa.
Bonekat, H. William	Flint Osteopathic Hospital, Flint, Mich.
Brown, Avrom S.	Parkview Hospital, Philadelphia, Pa.
Brown, William P.	Community General Osteopathic Hospital, Harrisburg, Pa.
Bruce, David E.	Grandview Hospital, Dayton, Ohio
Bruley, Harry J.	Allentown Osteopathic Hospital, Allentown, Pa.
Buchwald, Wayne R.	F.H. Barth Pavilion Hospital, Philadelphia, Pa.
Byrne, James J.	Interboro General Hospital, Brooklyn, N.Y.
Cakouros, Dennis W.	Suburban General Hospital, Norristown, Pa.
Cantor, Avrim	Doctors Hospital, Columbus, Ohio
Carr, Vincent F.	F.H. Barth Pavilion Hospital, Philadelphia, Pa.
Cattolico, Leon M.	Delaware Valley Hospital, Bristol, Pa.
Chatyrka, George O.	John F. Kennedy Memorial Hospital, Stratford, N.J.
Clymer, David H.	Lancaster Osteopathic Hospital, Lancaster, Pa.
Cohen, Jerry A.	Metropolitan Hospital, Philadelphia, Pa.
Cohen, Larry W.	Metropolitan Hospital, Philadelphia, Pa.
Cooley, David L.	Zieger/Botsford Osteopathic Hospital, Farmington, Mich.
Daiber, William K.	Community General Osteopathic Hospital, Harrisburg, Pa.
Darowish, Charles E.	Community General Osteopathic Hospital, Harrisburg, Pa.
DePolo, Albert A., Jr.	Shenango Valley Osteopathic Hospital, Farrell, Pa.
Di Tommaso, Henry R.	Delaware Valley Hospital, Bristol, Pa.
Dortort, Arthur J.	Shenango Valley Osteopathic Hospital, Farrell, Pa.
Dragann, Nicholas J.	Lancaster Osteopathic Hospital, Lancaster, Pa.
Edelstein, Mitchell E.	Suburban General Hospital, Norristown, Pa.
Farrell, John T.	John F. Kennedy Memorial Hospital, Stratford, N.J.
Feinstein, Michael J.	F.H. Barth Pavilion Hospital, Philadelphia, Pa.
Feldman, Bruce D.	Zieger/Botsford Osteopathic Hospital, Farmington, Mich.
Flanagan, Harry P., III	Parkview Hospital, Philadelphia, Pa.
Fontaine, David J.	F.H. Barth Pavilion Hospital, Philadelphia, Pa.
Gold, Joseph F.	Metropolitan Hospital, Philadelphia, Pa.
Gratch, Jack O.	Metropolitan Hospital, Philadelphia, Pa.
Habusta, Steven F.	Grandview Hospital, Dayton, Ohio
Hackel, Martin A.	F.H. Barth Pavilion Hospital, Philadelphia, Pa.
Harnden, James M.	Doctors Hospital, Columbus, Ohio
Hoffman, Carl A., Jr.	Community General Osteopathic Hospital, Harrisburg, Pa.
Hubach, Edward A.	Grandview Hospital, Dayton, Ohio
Jensen, Raymond J.	Interboro General Hospital, Brooklyn, N.Y.
Johnson, John T.	Davenport Osteopathic Hospital, Davenport, Iowa
Johnson, Richard A.	Art Centre Hospital, Detroit, Mich.
Kaneda, Robert R.	Memorial Osteopathic Hospital, York, Pa.
Kastenberg, Charles A.	John F. Kennedy Memorial Hospital, Stratford, N.J.
Kendrick, C. Roger	Tri-County Hospital, Springfield, Pa.
Koukos, dean T.	John F. Kennedy Memorial Hospital, Stratford, N.J.
Krathen, Stephen A.	Osteopathic General Hospital, North Miami Beach, Florida
Kremer, Arnold S.	Parkview Hospital, Philadelphia, Pa.
Lavis, James D.	Lancaster Osteopathic Hospital, Lancaster, Pa.
Levin, Francis L.	John F. Kennedy Memorial Hospital, Stratford, N.J.
Listopad, Aaron J.	Shenango Valley Osteopathic Hospital, Farrell, Pa.
McCray, Morris E.	F.H. Barth Pavilion Hospital, Philadelphia, Pa.
McLaughlin, James A.	Doctors Hospital, Columbus, Ohio
Meshekow, Alan L.	Doctors Hospital, Columbus, Ohio
Metzman, Robert M.	John F. Kennedy Memorial Hospital, Stratford, N.J.
Mingroni, Julius A.	John F. Kennedy Memorial Hospital, Stratford, N.J.
Mintz, Marc A.	Flint Osteopathic Hospital, Flint, Mich.
Montague, Barry M.	Parkview Hospital, Philadelphia, Pa.
Morris, Kenneth A.	Metropolitan Hospital, Philadelphia, Pa.
Morrone, Charles C., Jr.	Parkview Hospital, Philadelphia, Pa.
Murray, Francis X., Jr.	John F. Kennedy Memorial Hospital, Stratford, N.J.
Naftulin, Richard J.	Cherry Hill Medical Center, Cherry Hill, N.J.
Nassau, Harvey B.	Abington Memorial Hospital, Abington, Pa.
Olshan, Jerry A.	Phoenix General Hospital, Pheonix, Arizona
Panko, Andrew F.	Community General Osteopathic Hospital, Harrisburg, Pa.
Paolino, Richard G.	Delaware Valley Hospital, Bristol, Pa.
Papa, Richard A.	Walter Reed Army Medical Center, Washington, D.C.
Peterson, Robert J.	Parkview Hospital, Philadelphia, Pa.
Plummer, Richard	F.H. Barth Pavilion Hospital, Philadelphia, Pa.
Renny, Thomas F.	Brentwood Hospital, Warrensville Heights, Ohio

Reynolds, Jerry	Sun Coast Osteopathic Hospital, Largo, Florida
Rissmiller, David J.	Flint Osteopathic Hospital, Flint, Mich.
Ruppersberger, Lester J.	Allentown Osteopathic Hospital, Allentown, Pa.
Russian, George W.	Zieger/Botsford Osteopathic Hospital, Farmington, Mich.
Sarama, Edward J.	F.H. Barth Pavilion Hospital, Philadelphia, Pa.
Scott, Richard A.	Detroit Osteopathic Hospital, Detroit, Mich.
Sculthorpe, Robert H.	Green Cross General Hospital, Cuyahoga Falls, Ohio
Sheldon, Howard A.	Cherry Hill Medical Center, Cherry Hill, N.J.
Simpson, Stanley L.	Osteopathic General Hospital, North Miami Beach, Florida
Singer, Maurice	Parkview Hospital, Philadelphia, Pa.
Somerset, William J.	Art Centre Hospital, Detroit, Mich.
Spiller, Dennis M.	John F. Kennedy Memorial Hospital, Stratford, N.J.
Styduhar, Edward A., Jr.	Oklahoma Osteopathic Hospital, Tulsa, Okla.
Sussman, Garry F.	Suburban General Hospital, Norristown, Pa.
Tanitsky, Michael	Suburban General Hospital, Norristown, Pa.
Taxin, Edward	Phoenix General Hospital, Phoenix, Ariz.
Tennenbaum, Marc E.	Cherry Hill Medical Center, Cherry Hill, N.J.
Teter, Mary J.	F.H. Barth Pavilion Hospital, Philadelphia, Pa.
Tretta, Joseph T.	Brooke Army Medical Center, San Antonio, Texas
Tretta, Nicholas D., Jr.	Detroit Osteopathic Hospital, Detroit, Mich.
Tucker, Richard G.	John F. Kennedy Memorial Hospital, Stratford, N.J.
Tytler, Neil B.	Allentown Osteopathic Hospital, Allentown, Pa.
Underwood, Donald P.	John F. Kennedy Memorial Hospital, Stratford, N.J.
Vermeire, George D.	Zieger/Botsford Osteopathic Hospital, Farmington, Mich.
Zaslow, Dennis B.	Suburban General Hospital, Norristown, Pa.
Zeiv, Michael A.	Parkview Hospital, Philadelphia, Pa.
Abarbanel, Jack A.	Episcopal Hospital, Philadelphia, Pa.
Battalino, John J.	Philadelphia General Hospital, Philadelphia, Pa.
Benedetto, Anthony V.	Cleveland Clinic, Cleveland, Ohio
Benjamin, Charles D.	Albert Einstein Medical Center, Philadelphia, Pa.
Benn, Harvey S.	Hahnemann Hospital, Philadelphia, Pa.
Bride, Thomas P.	Harrisburg Poly Clinic, Harrisburg, Pa.
Brislin, Thomas V.	Allentown Hospital, Allentown, Pa.
Brooks, Frank J.	The Washington Hospital, Washington, Pa.
Carroll, William E.	Mercy Catholic Medical Center, Fitzgerald Div., Phila., Pa.
Castrignano, Barbara Battalino	Hahnemann Hospital, Philadelphia, Pa.
Conneen, Dennis M.	Mercy Catholic Medical Center, Philadelphia, Pa.
Cowen, Stephen P.	Graduate Hospital, Philadelphia, Pa.
Cox, Fred A.	Wilmington Medical Center, Wilmington, Delaware
D'Angelo, Michael J.	Harrisburg Hospital, Harrisburg, Pa.
Denman, John W.	Harrisburg Hospital, Harrisburg, Pa.
Drake, Andrew F.	Delaware Valley Hospital, Bristol, Pa.
Dubroff, Michael N.	Hahnemann Hospital, Philadelphia, Pa.
Fishman, Gerald A.	Philadelphia General Hospital, Philadelphia, Pa.
Gordon, Ralph	Temple University Hospital, Philadelphia, Pa.
Janiak, Daniel D.	The Washington Hospital, Washington, Pa.
Kitsko, Dennis	The Washington Hospital, Washington, Pa.
LaCavera, Richard A.	Detroit Osteopathic Hospital, Detroit, Mich.
McClintic, William R.	Allentown General Hospital, Allentown, Pa.
Marks, Michael J.	St. Margaret's Memorial Hospital, Pittsburgh, Pa.
Reyes, Herman	Memorial Hospital System, Houston, Texas
Roeshman, Robert M.	Allentown General Hospital, Allentown, Pa.
Slotoroff, Michael S.	Atlantic City Medical Center, Atlantic City, N.J.
Soifer, Harvey A.	Philadelphia General Hospital, Philadelphia, Pa.
Starr, Harvey T.	Wilmington Medical Center, Wilmington, Delaware
Strong, Franklin D.	Interboro General Hospital, New York City, N.Y.
Vecchione, Edward J.	St. Michael's Medical Center, Newark, N.J.
Hooper, Fred B.	Harrisburg Hospital, Harrisburg, Pa.
Katz, Steven	United States Public Health Service
Read, John V.	United States Public Health Service
Seidman, Mitchell S.	United States Public Health Service
Andress, Philip M., Jr.	Naval Hospital, Camp Pendelton, Calif.
Bolno, Charles M.	Naval Hospital, Philadelphia, Pa.
Cohen, Irving M.	Naval Hospital, San Diego, Calif.
Dean, Norman A.	Naval Hospital, San Diego, Calif.
Gambone, Joseph C.	Naval Hospital, Oakland, Calif.
Gerrie, Marshall J., Jr.	Naval Hospital, Philadelphia, Pa.
Moore, Michael W.	Naval Hospital, Philadelphia, Pa.
Morte, Paul D.	Naval Hospital, Philadelphia, Pa.
Opalack, Cheryl A.	Naval Hospital, Philadelphia, Pa.
Wagner, Glenn N.	Naval Hospital, Philadelphia, Pa.
Weitberg, Jay H.	Hahnemann Hospital, P.G.H., Philadelphia, Pa.
Winokur, Kenneth D.	Albert Einstein Medical Center, Philadelphia, Pa.

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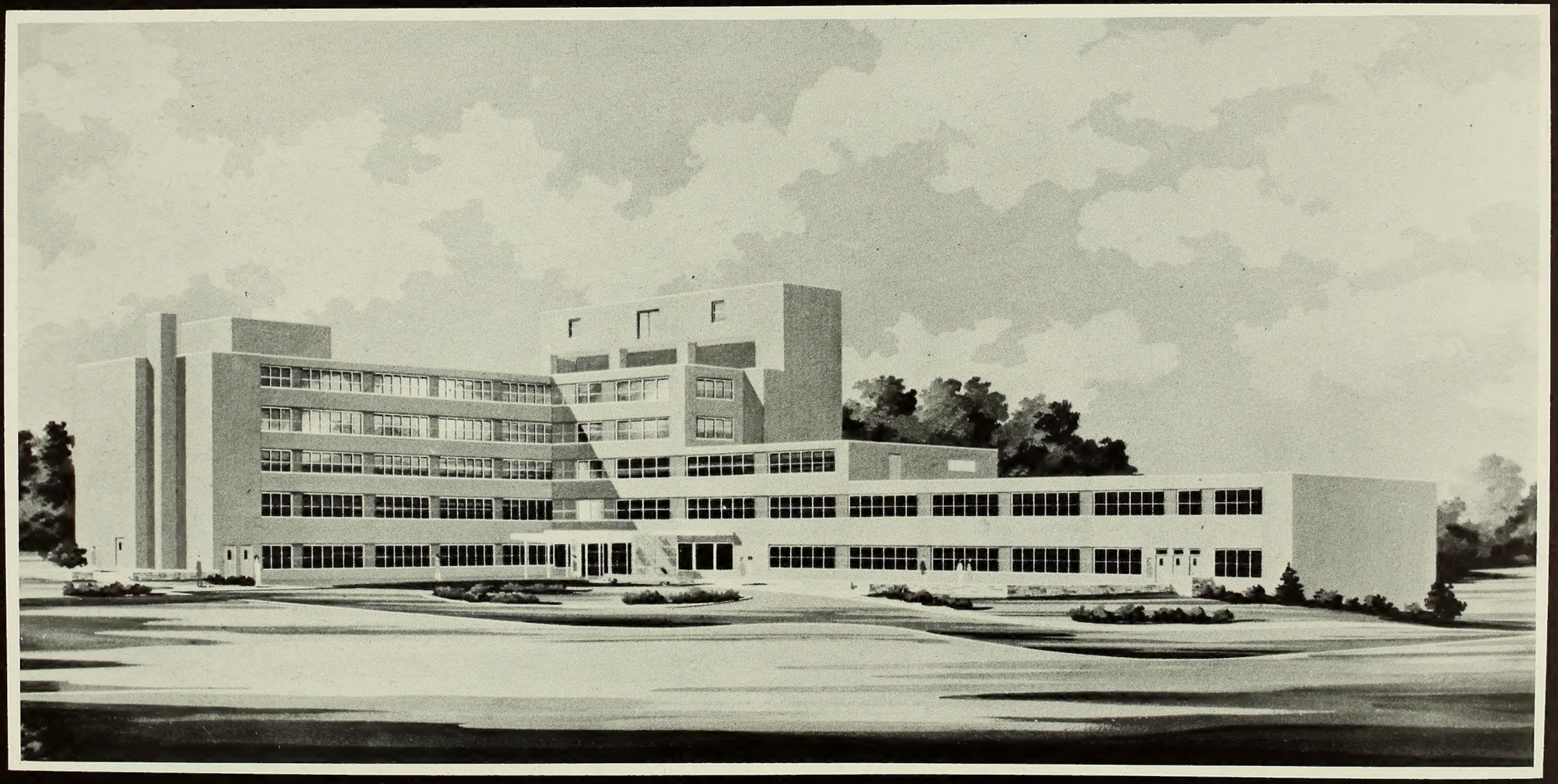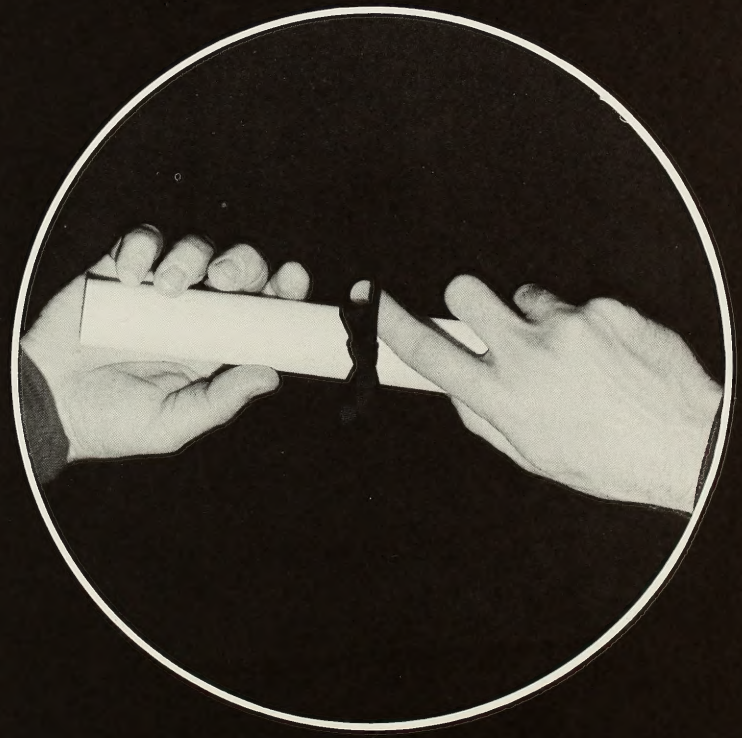
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